Sangarmal

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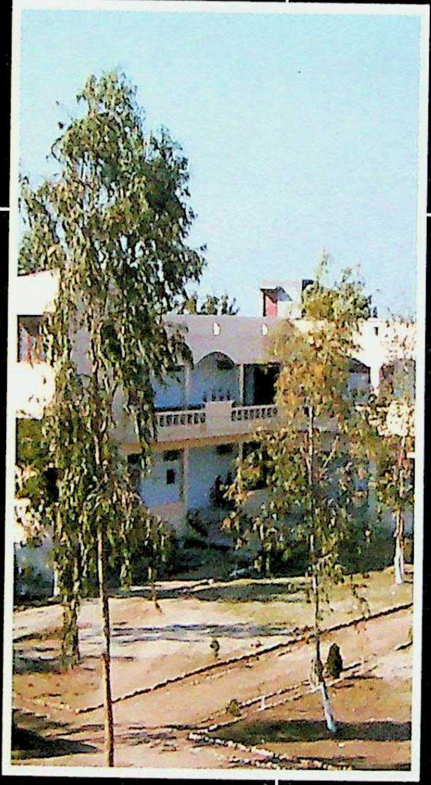


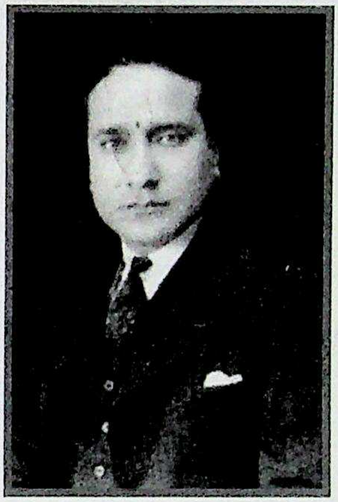
G.M. COLLEGE SGR

वसुधैव कुटुम्बकम्

Constituent College of
THE UNIVERSITY OF KASHMIR

Gandhi Memorial College of Education, Raipur, Jammu

DEDICATED TO



Lt. Pt. Sheov Narayan Fotedar

Founder President of
HINDU EDUCATION SOCIETY
Srinagar, Kashmir
&
Managing Committee of
GANDHI MEMORIAL COLLEGE
Srinagar
&
also M.P LOK SABHA
Chairman J&K State
Legislative Council

LOK SAMASTHA SUKHINO BHAVANTHU !

May all the worlds be happy

Asi aes Tayi asi aasav
Asi dourah Karav pate Vath
Shivas Sourine yun te gatechun
Ravas sourine ate gath !

Mata Lalleshwari
[Mystic Yogani of Kashmir]
[XIV the Century AD]

Transliteration:

We alone were and we alone will be
Eternally coming and thus going -
We alone shall hold sway-
- in the noise

As Siva shall infinitely vibrate, And
As the Sun shall continue to traverse

in the space !

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MAGAZINE PRODUCTION EXECUTIVES

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EDITORIAL

I feel delighted to express that the V th Issue of the college magazine **" The Sangarmal"** is the result of the cooperative & collective efforts of students , members of the teaching faculty , the Principal and the Management of the college .

The magazine comprises two sections. SECTION I of the magazine is theme based and likely to draw the attention of the readers towards the fast spreading dreadful disease commonly known as AIDS, the world is suffering from. Our motive is to sensitize our students , who are would be teachers , to the role they could play in creating awareness among people about AIDS and take necessary steps , on priority basis , for its eradication or control.

SECTION II of the magazine , apart from other themes , deals with the most crucial problems of education which need the immediate attention of teachers , planners & administrators of our country at regional & national levels.

I express my sincere thanks to my predecessor Prof. R.K.Koul convener and Editor - in - chief " Sangarmal" who has done a commendable job of collecting and selecting the write ups for the present magazine.

Magazine production is a very useful academic activity. Our effort in the next issue, will be to upgrade it to make it of lasting value.

Prof. M.K.Koul

FROM THE DESK OF MEMBER EDUCATION HESK

Dr. Kulbushan Kachroo
Member Education

At the outset let me congratulate the organisers for undertaking the Endeavour of publishing the college magazine.

The college after its upheaval from its roots has come up again with determination and vigour. It passed through extremely difficult days with no infra structural facilities. The management and the faculty members have worked hard to create the basic facilities and restore the academic standards through extreme hard work and patience.

This college has been a premier institution of education in J&K State and has althrough been proud of academic excellence but after the upheaval it had a pitfall. Thanks to the faculty members and non teaching staff of the college who out braved the situation and restored it back to its glory. This time this institution is the best institution in J&K State and has earned a name for itself outside the State.

Educational institutions help our youth to achieve their full potential and thereby play a useful role in building the nation. This college has been building nation builders.

The nation builders trained in this college are spread through out the country and many have crossed the sea for greener pastures. This college has built a tradition, value system and a culture of its own. The student of the college have a sense of belonging and are proud.

The college magazine gives a literary platform to express ideas on various spheres of life and helps in intellectual pursuits which go a long way in developing the creative skills of our students. It is an outlet for all that is creative in the students.

I am sure that writing for college magazine will play useful role in understanding the problem of all the students and the faculty members. The students will be able to put forth their feelings and views fully appreciating the efforts of the management in this positive direction.

I convey my best wishes to the students, faculty members, Principal of the institution and non teaching staff members and hope for very very bright future for the college and the students.

FROM THE PRINCIPAL'S DESK

The G.M.College of education affiliated to Kashmir University aims at producing well trained and skilled teachers with their mental horizon broadened so that they are capable of facing the challenges of tomorrow and accept the responsibilities of bringing transformation in the social system for the better change.

The college has sufficient infrastructure to cater to the needs of the students. About 7000 square feet accommodation has been added to the existing academic block last year. The construction of three storeyed girls hostel is complete and is spacious enough to accommodate about 120 students.

The college library is equipped with more than 6000 books. Encyclopedias, Educational Journals, Survey reports, Research Abstracts, various commission reports and other collections are being made available to students. A software has been developed to computerized the library.

The college has developed a psychology laboratory equipped with tests on intelligence, personality etc. The computer room is fitted with sixteen computers for the use of students in the college. A spacious science laboratory is equipped with required apparatus and equipments.

Thus the present infrastructure is sufficient to cater to the needs of 360 students in B.Ed and also the students of elementary teachers training course.

The college is making constant efforts to improve the quality of education. Every year orientation cum teacher enrichment programmes are conducted where in strategies for preparing the lesson plans in various teaching subjects are developed. Workshop is being conducted every year where in, B.Ed students are trained to prepare low cost teaching aids. The material required for workshop activities is being provided by the college.

It gives me immense pleasure to publish the fifth volume of the college magazine " SANGARMAL" comprising, apart from college activities, two sections. Section - I of the magazine deals with creating awareness amongst readers about the most dreaded disease AIDS. Section - II mainly deals with vital problems of education witch need our immediate attention.

We have made a concerted effort to improve upon the get - up of the magazine as also its printing quality which the last (4 th) issue suffered mostly from, even though its content portion was of high quality.

We wish to give a research orientation to our college magazine as desired by Sh. A.K. Dewani, President Hindu Education Society Kashmir. Already an effort has been made in this direction, but we have yet to go a

Prof. B.L Thusoo
Principal

ACKNOWLEDGEMENT

1 am personally thankful to Prof. (Dr.) Suri Dean Faculty of Behavioural Sciences, University of Jammu for providing me free access to the research works done at the PG Deptt. of Education & Distance Education Deptt. of the University- abstracts of a few of them have been prepared and published in this issue.

I wish to convey thanks to Prof. L. K. Verma and Dr. Aruna Suri Reader at PG. Deptt. of education of the University for her contribution to our Magazine.

Equally my thanks are due to Prof. V. K Kapoor, of Law Deptt., & NSS Programme co-ordinator of Jammu University for contributing his very useful write up in this issue.

I would also like to convey my gratitude to WHO Regional Director Dr. U. M. Rafai; its Advisor Dr. Jai P. Narain, & NA CO; newspapers which the contributors to our journal have consulted as well as quoted with a view to provide maximum inputs of awareness, education and communication to our readers. The WHO has been liberal in providing us its literature on the subject for which we repeat our gratefulness.

My thanks are due to all the writers who have contributed to this issue of the Magazine.

Prof. B.L Thusoo
Principal

MEMBERS OF EXECUTIVE BODY OF HINDU EDUCATION SOCIETY KASHMIR

After dissolution of the previous college managing Committee a new Executive Body Of Hindu Education Society Kashmir with Sh. A.K .Dewani as its new elected president , was elected by General Council through an amendement of the earlier constitution in May - June , 2001 .

The list of the members of the Executive Body as well as College Managing Committee re-christened as IMC as appointed by the EB is given as under:

S.No.	NAME	DESIGNATION	PERSONALITY PROFILE
01	Sh. A.K.Dewani	President	Retd. Director Funds, J&K Finance Deptt., A Social Worker of Repute & Free lance Writer.
02	Sh. Anil Dhar	Secretary	Businessman, Consultant, Social Activist and free lance Journalist.
03	Sh. M.L.Swarup	Member Finance	Professional CFA having his own Financial - Consultancy in J& K and is Financial Advisor to Many Educational Trusts.
04	Sh. J.L.Bhat	Member	Retd. FA and CAO from J&K Govt., An expert in Budget preparations.
05	Dr. K.B.Kachroo	Member Education	Retd. Principal, J&K Govt., Degree College, Rajouri, Jammu Province, Reputed Educationist
06	Sh. B.L. Thusoo	Member	Principal G.M. College of Education, Raipur, Jammu.
07	Sh. Bansi Raina	Member	Retd. S.S.P. J&K Police Service.
08	Sh. M.K.Koul	Member	Chartered Accountant.
09	Sh. A.K.Raina	Member	Principal, Govt. Camp Hr. Sec. School Nagrota, Jammu.
10	Dr. C.N.Tickoo	Member	Doctor Of a great repute.
11	Sh. Sanjay Dhar	Member	J&K State Agriculture Service.

INSTITUTIONAL MANAGEMENT COMMITTEE MEMBERS OF

G.M. College Of Education Raipur, Jammu

S.No.	**NAME**	**DESIGNATION**
01	Sh. A.K.Dewani	President
02	Sh. Anil Dhar	Member
03	Sh. M.L.Swarup	Member
04	Dr. K.B.Kachroo	Member
05	Sh. J.L.Bhat	Member
06	Dr. A.K. Saproo	Staff Representative G.M. College Of Education Jammu.
07	One representative from Kashmir University .	Member
08	One representative from J&K Govt, Principal, Govt. College of Education, Srinagar.	Member
09	Prof. B.L Thusoo Principal, G.M . College of Education, Jammu.	Member

SH. A.K DEWANI
PRESIDENT OF
HINDU EDUCATION SOCIETY, KASHMIR

SH. ANIL DHAR
SECRETARY OF
HINDU EDUCATION SOCIETY, KASHMIR

Messages

Message

SH. A.K DEWANI
PRESIDENT HESK / IMC

I am immensely pleased to note that the Vth issue of our college Magazine **The Sangarmal** ‘has been brought out which apart from academic and related matters gives a thrust on AIDS Awareness, a menace threatening the entire human existence. The present issue is therefore , playing a crucial role in passing on information & communication about the control of this dreaded disease to the youth and would be teachers who receive training in our college so that necessary correctives are facilitated. I am highly impressed by the way, Prof. R.K Koul has gone about it. Tireless efforts of Prof. Maharaj Krishen Kaul to conclude this exercise are also appreciable.

I also wish to thank the contributors whose write -ups which appear in this Magazine especially those who are not directly from the college faculty , but have been our well wishers.

I wish that Gandhi Memorial College of Education Jammu will continue to endeavor making its Magazines research oriented and thought provoking for widening the mental horizons.

Sd/-
A.K DEWANI

SH. ANIL DHAR
SECRETARY HESK

Message

G.M. COLLEGE SGR
वसुधैव कुटुम्बकम्

It gives me pleasure that the Vth issue of our college Magazine 'The Sangarmal ' has come out as a result of the dedication & strong resolve after an interval of nearly a decade. More appreciable is that the magazine is theme based a major portion whereof has been dedicates human problems like, AIDS.

Our endeavor to bring the college out of the turbulent waters for smooth sailing has to be a continuous process. We are no doubt facing difficulties in reaching our cherished goals but we strongly believe in "Arise, Awake and Stop not till the goal is reached" - a lesson given to us by SWAMI VIVEKANANDA

Sd/-
ANIL DHAR

Message

PROF. K.L THUSOO
EX. PRINCIPAL

It is for the second time that the college wing is bringing out another issue of "The Sangarmal " at Jammu despite financial constraints . It is a matter of great appreciation that major portion of the magazine has been devoted to AIDS Awareness Programme - Why & How . The problem of AIDS is very serious and the whole of mankind is at its risk today in the absence of a vaccine or a specific drug that could cure the disease the awareness of the disease- its causes , mode of transmission , symptoms & preventive measures - is of great importance . The awareness if generated about AIDS by various organizations , institutions , volunteers etc. can itself put a stiff resistance to the ugly spread of the disease .

I think a commendable job has been done in developing the present issue of the magazine on such a theme that is of global importance today . I wish the mission a success.

Sd/-
Prof. K.L. Thusoo

Message

S.P. SURI
PROF. & DEAN FACULTY OF BEHAVIOURAL SCIENCES
P.G. DEPTT. OF EDU.
THE UNIVERSITY OF JAMMU.

I am immensely pleased to know that the Gandhi Memorial College Of Education Raipur is bringing out the V th issue of its esteemed Magazine **"The Sangarmal "** on the theme of AIDS Awareness. In fact our Deptt. has done some research work also through our scholars on the subject . The College is doing some nobel work in spite of its financial constraints under given conditions prevailing in the state. I wish the college authorities success in this enterprise . I appreciate the attempt made to integrate the academic community irrespective of regional professional distinctions, on academic & Social matters.

Sd/-
S.P. SURI

Message

V.K. KAPOOR
B.SC.,L.L.M,(ALIG.) F.I.S.C.
READER, LAW
PROGRAMME CO-ORDINATOR
THE UNIVERSITY OF JAMMU.

I am delighted to know that G.M. College of Edu. Raipur Jammu is releasing a magazine titled " **"The Sangarmal"**.

I Convey my best wishes . I hope that in the prevailing circumstances in the state of J&K this magazine will provide an opportunity to the youth particularly the students to understand each other & to interact & share the opinions & experiences on the various vital issues concerning nation-building.

Sd/-
V.K. KAPOOR

SECTION - I

AIDS AWARENESS

We need not look, let us not look to the west for power in our education, for lofty purpose in our education, for truth in our education. Let us cease to believe that the education of the west is the ideal for the east. Far from it. for some parts of the body, we may go the west. But for the soul never.........

ANNIE BESANT
(1847 - 1933)

A Study Of AIDS Awareness Among The Adolescents Studying In Schools Of Jammu - year 2001

Dr. Aruna Suri (Reader, University Of Jammu)
Gurdeep Kaur (Investigator)

[The write - up here is an abstract made from the dissertation submitted to the University of Jammu in partial fulfilment of the requirement for the Degree of Master of Education in the year -2001].

The objectives of the given study were eight fold:

One: 'to find out differences in awareness about AIDS between boys and girls'

Two: 'to study differences in AIDS Awareness between the students of 10th and 12th class

Three: 'to compare the differences in AIDS Awareness among the boys of class 10th and 12th.

Four: 'to investigate the difference in AIDS Awareness, among girls of class 10th and 12th'.

Six : 'to study the difference in AIDS Awareness between boys of class 12th and girls of class 12th'.

Seven:'to compare the Awareness about AIDS between boys of class 12th and girls of class 10th'.

Eight : 'to make a comparative study about AIDS Awareness amongst the girls of class 12 th and boys of class 10 th.

After building up the hypotheses the investigator chose a sample for student population covering 2 Army Schools and 2 convent schools of Jammu and delimited her study to adolescents only. She adopted following procedures for her study :-

TOOLS USED

(A) AIDS AWARENESS TEST made by Singh and Singh..

(B) Scoring Technique :- Students were given one mark for each correct answer. No mark was given for wrong answer.

(C)Statistical techniques used:-The "t" ratio was used to realise different objectives of the study. The results obtained have been shown in different " tables as per the requirement of the objectives. After applying "t" ratio the results are incorporated in the tables along with the findings.'

After perusal of the tables the results of the study indicate following conclusions, that, there is a significant difference in AIDS Awareness between 10th class girls and 12th class girls; and, 10th class boys and 12th class boys. Hypothesis as regards this aspects could not be established.

- ➡ There is no difference in AIDS Awareness between 10 th class boys and 10 th class girls ; 12 th class boys and 12 th class girls. This part of hypothesis was accepted.
- ➡ There is a significant difference in AIDS Awareness between 10 th class boys and 12th class girls ; and 10 th class girls and 12th class boys. This part of the hypothesis was rejected .

EDUCATIONAL IMPLICATIONS

On the basis of the research study the investigator writes that :-

(i) 'This alarming figure of HIV/AIDS infections amongst youth is due to limited knowledge of sex-education imparted in the world is full of contradictions, double standards and out right hypocracy in the area of sexuality.'

(ii) 'social attitudes applaud the aggressive sexual behaviours of the males and stigmatize females who exhibit the same'

(iii) 'Fidelity is preached by us but the prostitution, is known as world's oldest profession.'

(iv) 'People feel embarrassed and restrictive about promoting use of condoms, but sex is used in advertising, media and films.'

(V) 'Parents are reluctant to inform children and young people about sexuality.'

The investigator advocates imparting sex education at all stages of educational pyramid so that a responsible sexual behaviour is developed in each and every one. The parents should also be involved in Aids Awareness Programme. In improving educational system in the country the goals set by I.E.C (1964-66) need to be realised, which has in unequivocal terms emphasized the development of social, moral and spiritual values amongst youth.

Concluding, the investigator points to the possibility of further research on the subject by enhancing the sample and connecting AIDS Awareness with other psycho - social correlates.

Wisdom adorns riches ,
and shadows poverty

Socrates

AIDS : Its Social Costs And Our Attitudes

Prof. R.K.Kaul

> *" Our system of education is like a lamp in the railway compartment. The room is brilliantly lit, but thousands of miles traversed by the train remain shrouded in the darkness as before."*
>
> **Rabinder Nath Tagore**

In his poem "The Dancing Girl" Tagore refers to an historical instance of a Buddhist monk Upagupta who had renounced the world in pursuit of finding higher truth. Being quite youthful and charming one dancing girl's attention was drawn towards him. Feeling somewhat sorry that the young ascetic was perhaps wasting away his possible charms and joys of married and worldly life in search of some ethereal unknown ends, she approached him by waking him up from deep slumber by the tinkling of her rhythmic dance bells offered him her hand of marriage, asking him, rather advising him why, he being so vivacious in youth, should take to renunciation; and not enjoy the bounteous joys which married life provides and promises in this world. The young lovely upagupta, this beautiful young dancing girl asked her politely ' to go away ' and, when the appropriate time comes he would come to her.

Therefore, feeling dejected that her offer of marital bliss, and her promise to bestow her whole care on him at her house was spurned by the young monk, she left away back to her normal routine.

Time ticked by and a dreaded contagious pestilence took upon the dancing girl, and, fearing that she would be a social hazard, the people threw her away outside the ramparts of the city walls to be devoured by wild dogs or wolves, etc. Surely she was left to an unimaginable pathetic end!

Lo! and behold! it was the most opportune time when the compassionate ascetic appeared, and approached her who was in sheer pain and distress, reminding her of his earlier promise of contacting her, took all the necessary pains of an attendant to caress her wounds, and , render her patient service.

'The Dancing Girl' spells out the clear and indisputable role for us today, especially, those whose work field lies in education, medicine and religion- that we have to be modern upaguptas in order to save our generation and the future progeny from the cruel sizzling onslaught of the most dreaded and hazardous disease AIDS. The very disease in itself is a slur on man's civilization at the present stage of its advanced development , and , it is unbridled life style many of us have fallen prey to, that is awfully responsible for such a human killer. The tragic part to this disease is not that it is incurable as at now, but that it is highly communicable, and worse still, its social and psychological costs are extremely high.

What are the social costs of this disease ?

As soon as a patient is detected a full blown victim of AIDS, he is lost to his job; to his family; to his friends; to society; and tragic still, to himself as well. The disease carries a social stigma and is a social hazard because of its high communicability. He is usually discarded and perhaps there is no other way out.

Some argue that an HIV+ should not be declared as such; as they think that it is against medical ethics. Even a case was preferred in a court of law against a doctor on such breach of medical ethics since the victim was losing chances of his prospective marriage with his fiancé. Should an HIV+ person be declared in an open manner, raises some important social and ethical questions which need to be considered threadbare and more human way of resolution of this problem be evolved.

Again the society loses its constructive contribution the family of the victim suffers untold miseries, and spiral of agony and grief goes on, the economic costs are no less-both to the family and the state.

Psychologically, the self image of the HIV+ patient is almost destroyed: this is the most punishment that can happen to an individual.

There is a class of people like babies, mothers and patients who are innocent victims of this disease as a result of either parental carelessness; or contaminated blood transfusion or sexual misconduct of partner. They suffer not by design but by default or by the acts committed by others like rape or terrorist violence.

It is a fact known very well that the killer disease is spreading rapidly from central African countries to USA, France, Germany, U. K, and Asian countries now. It is feared that in the Indian subcontinent the number of AIDS patients will be around five million to 10 million, though estimated at 38.1 % million HIV+ cases right now.

In a situation as alarming as this what are the practical imperatives for us in terms of legislation, role of education, medical profession and religious organizations. We need to equip ourselves to combat this disease at all levels of its occurrence whether potential or actual. In the pyramid of social health service in the country different people and organizations are called upon to contribute their might to launch a massive battle against AIDS: the battle being two pronged, one preventive and the other social. We have also to coordinate our efforts at international level too. In the war against AIDS there is little room for complacency as it would be an unstoppable menace otherwise.

In the battle against AIDS we need to identify 'what are the vulnerable groups?' In fact the first vulnerable group is the one who lives a licentious life. The second is the ones who are given to "drugs" and use compulsively infected needles. They think that drugs provide them safe heavens but they remember not, that they do not provide route maps. Another vulnerable group is those who have very close proximity and interaction with people drawn from very wide spectrum of population both national and international such as tourists, 'hippies', jail inmates' and the like. Our boatmen and women exposed to terrorist attacks in Kashmir can be very vulnerable to this disease. So can there be many more in similar situations.

REMEDIAL ACTION

Role of Education: In the battle against AIDS role of education can hardly be exaggerated - especially in generating mass awareness about it at all levels of social hierarchy. Precisely the following measures are suggested :

- It is suggested that sex-education linked with AIDS Awareness be introduced at school level but, this idea is not finding favour universally in India for various reasons. However, there is a way out.

  Sex- education can be introduced at all teacher training levels-- Nursery, primary, secondary Teacher Training levels as also recently introduced PGDHE by IGNOU. It should be made a compulsory input of teachers training programme. Pupil teachers under these programmes must be adequately sensitized to this problem, and, they should take it as a mission to generate the requisite awareness in the student community and others. This will create a necessary climate for introduction of sex education at school level all over the country. Outside-course-approach as suggested by NCERT can be conveniently introduced.

- Non-formal education system including Adult Education programme should be fully oriented to the requirements o AIDS awareness programme, and, should form an important component of the education programme of the learners.

- For the existing teachers working at different levels of education pyramid, inservice orientation and researchoriented training programmes should be launched in a sustained and phased manner. This can be done jointly by Health Departments, Universities, School Boards and other departments dealing with formal and non-formal education.

- NSS, NCC, Scouts and similar other volunteers should be effectively sensitized to the menace of AIDS and the need for AIDS Awareness programme (AAP).

- Mass media is expected to play a very important role in AAP, But, as we watch TV programmes, we feel that a lot better is desired of this powerful medium of mass education . The programme producers and managers need to have a deeper insight into the launching of AAP and its after effects. It should avoid creating a panic and fear-psychosis in viewers. Moreover it should get content analysis of its various programmes done in respect of their effects on various age groups of its viewer population. Some one has to judge whether its entertainment programme really entertain the plastic minds of young viewers or generate unhealthy sex-curiosity and sex-stimulation. A feeling of 'safe-sex' is generated. It is an intangible suggestion to determine 'safe-sex'. Firstly, it is basically alien to our cultural ethos and secondly, to draw a demarcation line between safe and un--safe sex is illusory. Can anyone first go to a doctor to discover the aids position of his/her extra willing 'safe' or 'unsafe' partner? In any case safe sex needs redefinition culturally.

- Hospitals on the analogy of Nirmal Hriday New Delhi should be built up for AIDS victims and NGOs should be given full encouragement and training in rendering service to AIDS patients, and, their dependants and survivors.

- Health Departments, and the medical colleges in all the states should bring out a comprehensive literature on AAP and ensure its mass-circulation among teacher training departments and others connected with People's education. This should be done to demystify the disease and AIDS Awareness cells in Schools and Colleges should be created for dissemination of AAP among all classes of recipient population- be they students, teachers, parents, and others. All MPs and State level Assembly members should also be involved in AAP so that a climate for appropriate legislation is passed not only about its victims, their benefits and social implications but also curbing anti social elements thereto.

- under the provisions of the constitution, the state is called upon to guarantee the life of its people. The right to life includes the right to a healthy disease free life. Un till a suitable cure is found, the entire vulnerable groups need be tested on HIV+ or -ve basis so that timely action is taken. All jail inmates and other armed terrorists whether local or foreign, who are captured or who surrender should invariably be put on HIV test before they are let off to mingle with the society. All to and fro international travellers should be made to undergo HIV test before they are allowed a visa either way. No exceptions should be allowed even on grounds of

- An integrated approach should be evolved in creating National awareness about many serious problems facing our country like environment pollution, population explosion, traffic hazards; water scarcity; energy crisis, global warming, and the like. And it needs to be incorporated in curriculum at various levels of education. Relevant research on AIDS and other problems allied therewith should be encouraged and funds made available.

Drug- menace has a positive correlation with transmission of HIV, and, hence, one important measure to stop its spread should be equally to eradicate drug-addiction and flow of drugs and heroine into the country.

Seminars, workshops and service camps need to be organized at state, district, and tehsil levels to generate a mass awareness programme on AIDS.
NGOs should be encouraged to address the problem of AIDS: awards, medals, incentives should be provided to those who show promise in the work regarding battle with AIDS. Sponsors for AAP can also be found.

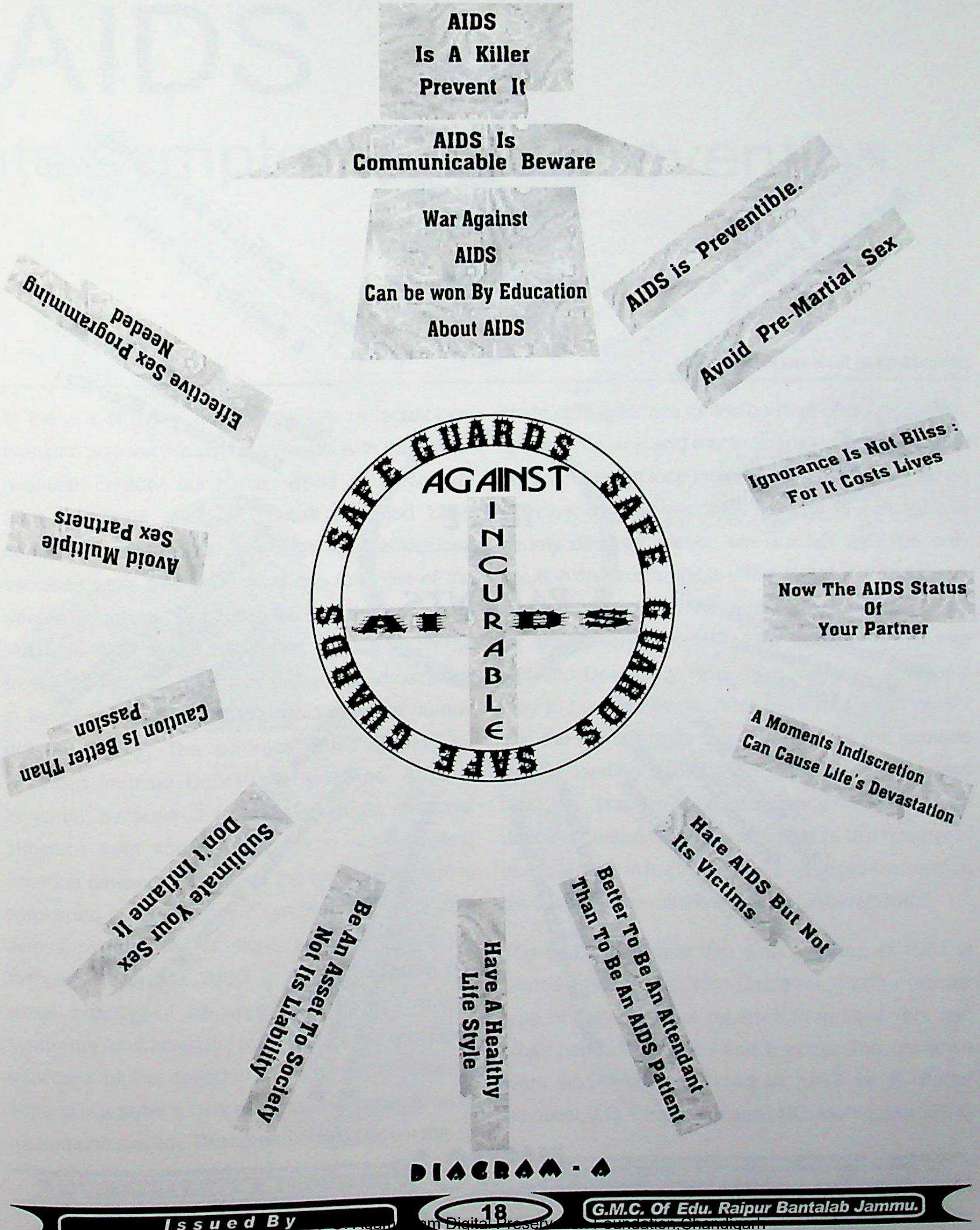
➡ It has became quite imperative for us that lifestyle of our people is properly oriented. All those who are concerned with imparting of education must create a healthy life style in children. Imperatives of moral and spiritual education cannot be ignored. And, to do so would be at our own peril. A dose of self-restraint is far better than a ton of

➡ ***Licentious life*** :

All religions emphasize that man is the jewel of Lord's creation. He is born out of Divine Dust. This truth that man is 'potentially divine needs to be brought home to both the AIDS victims and those who serve them. Mother's philosophy that she sees Christ in every decrept, handicapped and dying destitute has a high spiritual message for mankind in meeting every challenge of life, whatever it be, whether one is doing normal work, or, dealing with battle against AIDS. Our education system as a whole needs a recast in the light of such enervating philosophy of social action. Let us conclude that we should hate AIDS but not AIDS victims. Serve their survivors!

"The greatness of a country does not depend on the extent of its territory, the length of its communications or the amount of wealth ....if we wish to bring about a savage upheaval in our society, a raksasa raj, all that we need to do is to give vocational & technical education & starve the spirit. We have a number of scientists without conscience, technicians without taste who find a void within themselves a moral vacuum and a desperate need to substitute something, anything, for their lost endeavour and purpose. Society will then get what it deserves. If we claim to be civilized we must develop thought for the poor & the suffering, chivalrous regard & respect for women, faith on human brotherhood regardless of race or color, nation or religion, love of peace and freedom, abhorrence of cruelty & ceaseless devotion of the claims of justice".

National Policy on education


SAFE GUARDS
AGAINST
INCURABLE
AIDS
SAFE GUARDS
SAFE GUARDS
SAFE GUARDS

AIDS
Is A Killer
Prevent It

AIDS Is
Communicable Beware

War Against
AIDS
Can be won By Education
About AIDS

AIDS is Preventible.

Avoid Pre-Martial Sex

Ignorance Is Not Bliss :
For It Costs Lives

Now The AIDS Status
Of
Your Partner

A Moments Indiscretion
Can Cause Life's Devastation

Hate AIDS But Not
Its Victims

Better To Be An Attendant
Than To Be An AIDS Patient

Have A Healthy
Life Style

Be An Asset To Society
Not Its Liability

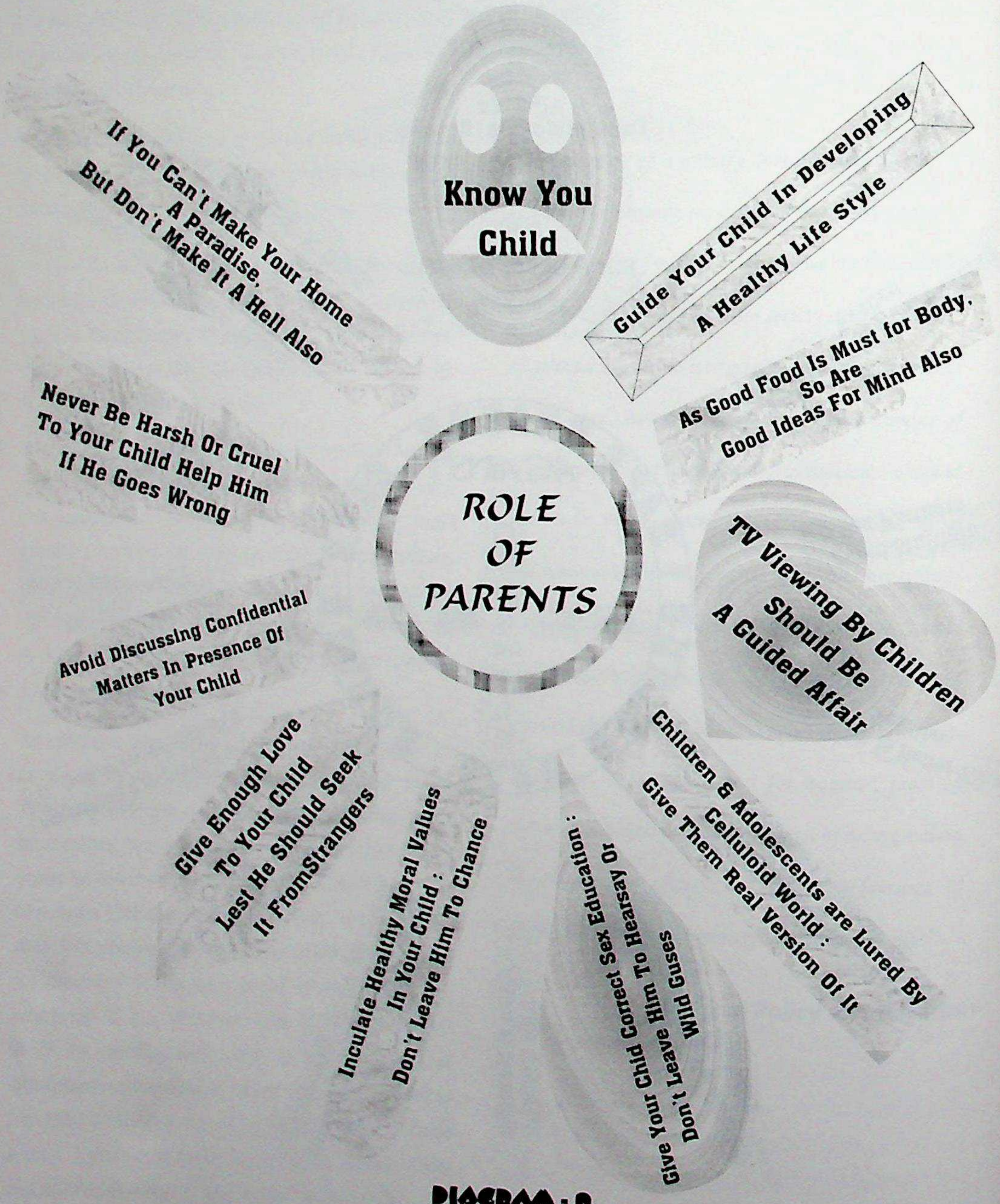
Sublimate Your Sex
Don't Inflame It

Caution Is Better Than
Passion

Avoid Multiple
Sex Partners

Effective Sex Programming
Needed

DIAGRAM - A



Know You
Child

If You Can't Make Your Home
A Paradise,
But Don't Make It A Hell Also

Guide Your Child In Developing
A Healthy Life Style

As Good Food Is Must for Body,
So Are
Good Ideas For Mind Also

Never Be Harsh Or Cruel
To Your Child Help Him
If He Goes Wrong

ROLE
OF
PARENTS

TV Viewing By Children
Should Be
A Guided Affair

Avoid Discussing Confidential
Matters In Presence Of
Your Child

Give Enough Love
To Your Child
Lest He Should Seek
It FromStrangers

Inculate Healthy Moral Values
In Your Child :
Don't Leave Him To Chance

Sex Education :
Give Your Child Correct Sex Education :
Don't Leave Him To Hearsay Or
Wild Guses

Children & Adolescents are Lured By
Celluloid World :
Give Them Real Version Of It

DIAGRAM - 8

AIDS

its symptoms and Prevention.

Archana Koul (B.Ed.Student)

In the era of highly advanced State of technology mankind was very much hopeful that with the turn of twentieth century, our human world would be free form infectious diseases. Small pox had been completely eradicated, and safe and efficacious vaccines were becoming available for most of the severe infections of childhood. But the advent of 'AIDS' in 1981 again put the human race under the threat of being wiped off. Now a days the whole world is facing a pandemic of the most dreaded human disease 'AIDS'. The acronym 'AIDS' Stands for Acquired Immune Deficiency Syndrome. AIDS is acquired because it is always caught (become infected) from someone else and not inherited; Immune deficiency, because the immune system is weakened by the HIV, and syndrome because this illness has variety of signs and symptoms i.e, symptoms complex. AIDS is not a disease in the usual meaning of the word. It is a polymorphous syndrome, characterized by repeated and rebellious infections of the opportunistic type which become serious in a patient, only as a result of breakdown of his immune system. The spread of HIV all over the world cutting across all the barriers of geographical, social, economic and ethnic distinctions poses global grave challenge for human beings. There is so far no effective cure or vaccine available to combat this deadly disease. Hence we are left with the only solution and that is global effort to prevent and check the further spread of this virus. The Causative agent for this disease is HIV. HIV stands for Human Immuno Deficiency virus. This virus is pathogenic only to human beings. After the introduction of HIV into the human body the virus attacks the immune system leading to depletion of the T4 lymphocytes resulting into immune deficiency. The immune deficient person becomes susceptible to a number of secondary infections and neoplasm which characterize the manifestation of full blown AIDS.

The first AIDS case that was reported in 1981 in United States, was from California. Further similar type of patients were reported form New York and other parts of America and Europe. The unknown virus was first discovered in 1983 by F. Barre' Sinoussi, J.C. Chermann and LUC, Montgainer of the

Pasture Institute of Paris-France, in the cells of a patient suffering from the swelling of the lymph glands- a symptom typical of the pre-AIDS state. They named this casualties agent as'LAV2'-i.e, lymphadenopathy Associated Virus. Later in 1984 Robert Gallo at Bethesda (USA) also identified a virus which he named as 'HTLV-III'- Human T Lymphotropic virus-III. After a confused battle over the nomenclature, an agreement was reached in 1985 and WHO redesigned 'LAV-2' and 'HTLV-III' as HIV or Human Immune Deficiency virus. One of the merits of the french term was that it proved, right from 1983, that HIV belongs to a retrovirus family. Further, a variant of HIV causing AIDS was reported from subsahara, Western Africa. Therefore the first reported virus was named as HIV-I and the variant virus as HIV - II.

CLINICAL CASE DEFINITIONS OF AIDS IN ADULTS

MAJOR SIGN

1) Weight loss greater than 10% of body f weight.
2) Prolonged fever, far more than one month .
3) Chronic diarrhoea for longer period than one month .

MINOR SIGN

1) Persistent cough for longer period than one month .
2) General itchy dermatitis (skin irritation) .
3) Recurrent Herpes Zoster (Shingles) .
4) Oropharyngeal candidacies (fungal infection in mouth and throat) .
5) General lymphadenopathy (Swelling of lymph glands)

CLINICAL CASE DEFINITIONS OF AIDS IN CHILDREN

MAJOR SIGN

1) Weight loss or abnormal slow growth .
2) Chronic diarrhoea, for more than one month .
3) Prolonged fever, for more than one month .

MINOR SIGN

1) Generalised lymphadenopathy (enlargement of Lymph glands) .
2) Persistent cough.
3) Oropharyngeal candidiasis.
4) Repeated infections as otitis media (ear infection) pharyngitis .
5) Generalised dermatitis
6) Confirmed maternal HIV infection

Laboratory diagnosis of HIV infection

For the diagnosis of HIV in infected person a number of tests like ELISA, viral culture,viral antigen detection PCR and Western Blot Test can be performed but most of these tests are costly and are not performed routinely. The commonest of these tests is the ELISA (Enzyme Immune Sorbent Assay) test which is cheaper than the western Blot Test. Most people who are infected with HIV produce antibodies but the period before which antibodies appear varies considerably. HIV ELISA test detects the presence of HIV antibodies in patients serum by ELISA technique. The available testing ELISA kits are useful for detecting both HIV-I and HIV-2 anti bodies. These kits are easily available in testing laboratories. The cases in which the ELISA test does not indicate the presence of HIV antibodies but the antibodies are present are known as False Negative. The cases in which ELISA test indicate the presence of HIV-antibodies but antibodies are not present are known as False Positive.The following precautions should be taken during the detection of HIV infection.

1) Single positive ELISA test may be erroneous i.e., False positive.
2) Positive ELISA test should be repeated with another kit.
3) Twice positive ELISA test confirms the presence of HIV infection.
4) After the positive ELISA test, a Western Blot Test must be carried out as confirmative test.
5) The confirmed HIV positive (HIV+) report should be disclosed to the patient himself / herself.

But when a patient is infected with the subtype O HIV, it cannot be detected by the already available commercial tests. Dr. LUC Montaigner, the Co-discover of HIV has reported the patients with AIDS, but no detectable HIV in their bodies.

PREVENTION FROM HIV INFECTION

It is well known that there is no treatment of HIV infected persons, therefore, prevention is the only means to keep away from the AIDS.

Since the major modes of the transmission of HIV are known, the spread of HIV may really level of or even decline as a result of behavioural changes. Reduction of the number of sexual partners and correct use of condom during sexual intercourse have been proven to prevent HIV infection. The transmission of HIV through contaminated blood is being eliminated in the developed countries and can be prevented in the developing countries by properly examining the blood before transfusion. Thus, the prevention of the spread of HIV from one person to another could be managed by following precautions:-

1) Sterilization & Disinfection Of Syringes And Other Medical Instruments :

A. Sterilization By Steam :-

Steam sterilization is the method of choice for reusable instruments like syringes, needles, gloves etc. The generated steam with his latent heat and pressure kills the HIV. This should be operated at 120° Celsius for a minimum of 20 minutes.

B. Sterilization By Dry Heat :-

The instruments which can withstand the higher temperature can be sterilized by dry heat in hot air oven at 170° C for about two hours.

C. Disinfection By Chemicals :-

The instruments and equipments which can not be boiled or steam heated should be disinfected by certain chemicals. The disinfectants like fermaldehyde 4%, hydrogen peroxide 6%, ethonol 70%, sodium hypochlorite compounds, polyvidone iodine 2.5% etc are known to be capable of destroying HIV.

2) Careful Handling Of Blood And Other Body Fluids :

A. Venepuncture For Blood Collection :-

I. The doctor and staff must wear the gloves.
II. Cotton swab soaked in the disinfectant must be kept and pressed at the site of puncture.
III. The bottle in which blood is collected must be sealed with tight fitted cork. The sample must be labelled as “infection risk” if there is a doubt of high risk behaviour group.

B. Careful Disposal Of Excretions And Secretions :-

These are chances of HIV infection through the body fluid and certain secretions from the body, therefore, they should be poured down the sanitary drain connected to a sewer. The toilet materials like urine pots, bed pans etc. Should be washed with soap and water followed by 30 min. Washing in sodium hypochlorite solution. Such infection control should be applied with some additional precautions in other clinical situations like dialysis, child birth, surgery etc.

3) Safer Sex :

The dominant mode by which HIV infection is transmitted is the sexual intercourse. Major mode of HIV transmission in India is heterosexual intercourse. For controlling the spread of HIV it is essential that general population at large is given education about 'safer sex'. The adolescent boys and girls should be given scientific information through sex education. It is essential to emphasize that 'no sex' before marriage and monogamy after marriage is the best way for assuring the safer sex.

For proper prevention from AIDS there is need to encourage sexual partners to discuss risk of AIDS and AIDS preventive measures to promote the use of good quality condom and some changes in their sexual behaviour.

Universities Talk AIDS (UTA)

The 'Universities Talk AIDS' know popularly known as UTA has drawn international attention as a very unique and low cost program involving the student youth as receivers and providers of AIDS Awareness UTA was conceived and launched in India in 1991 in 59 universities to provide AIDS Education to students and to promote positive attitudes and healthy life style among them.

The task before UTA project are as under :

1) To enquire the extent of knowledge about AIDS
2) To create awareness of AIDS among students
3) To give essential information, regarding AIDS, to students.
4) To mobilize the student youth for initiating peer group and community to discuss on the prevention of AIDS.

World AIDS Day

HIV was identified on Ist December, therefore, to combat against this killer virus the 'World AIDS Day' is organised on Ist of every December to create the awareness against HIV / AIDS throughout the world. In 1995 the theme of World AIDS Day was based on 'shared rights and shared responsibilities'. Therefore, HIV positive persons have right to live in the society without any discrimination. It is the shared responsibility of family members and society to pay proper attention for HIV infected persons.

While books can teach only personality can educate.

Park hurst

The Silent Stage :

HIV Infection And Feeling Fine

Dr. A.K.Sapru

Asymptomatic HIV Infection. It is the time when a person has HIV infection but has no symptoms.

HIV Latency, refers to when the HIV virus enters inside the cell and remains there for long period of time with-out- reproducing itself.

A person can be symptom free for number of years after being infected with HIV The virus remains hidden in the immune system (The complex body function that recognizes foreign agents or substances, neutralizes them, and recalls the response later when confronted with the same antigen)

When it actively depletes T- helper lymphocytes. (Lymphocyte count or CD4 count: a measurement of the number of T-helper cells per unit of blood).

Lymphocytes (several types of white blood cells, including helpers, suppressors, and B-and T-Lymphocytes)

T-helper cells are one of several types of white blood cells. These cells form the core of the immune system.

T- stands for Thymus

(The central Lymphoid organ that is present in the Thorax and controls the ortogeny of T-Lymphocytes) the gland where T- helper cells mature after originating in bone marrow. There are three types of T-cells.

1) T-Suppressor cells
2) Cytotoxic T-cells
3) T - helper cells

T- Suppressor cells:- (A group of T-Lymhocytes that regulates the antibody production of B-Lyphocytes).

Cytotoxic T-cells:- White blood cells that destroys infected cells directly; nick named " Killer cell."

T - helper cells :- (The most commonly used laboratory marker for estimating the level of immune dysfunction; also known as Lymphocyte count of CD4 count; a measurement of the number of T - helper cells per unit of blood.

T-Suppressor cells providing feed back on the activity of the immune system and keep immune responses in check to prevent excessive immunity.

Cyto loxic T-Cells attack and destroy infected or cancerous cells.

T- helper cells link the branches of the immune system and manage immunity.

T- helper cells are the only one of the three types of T-Cells that have a CD4 area on their surface and are therefore the only ones susceptible to HIV infection. Depleted number of T- helper cells are the key to detecting advancing HIV infection.

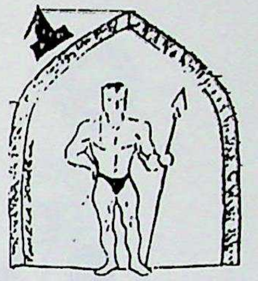
A count of the number of T-helper cells (T-helper count, T-cell count, and CD4 count are all names for the same test) is often used by doctors to index the progression by HIV infection, because a decreasing T-helper cells reflects the damage caused by HIV. The most common method of examining immune system decline has been to count the number of T-helper lymphocytes in a specific unit of blood (a cubic millimeter). However, today it is common for doctors to use other indicators to assess immune system functioning and disease progresson for example, the number of T-helper cells in relation to T-supressor cells can be a useful test. T-suppressor cells regulate the immune system by not allowing immune cells to go into over kill when protecting against disease. T-suppressor cells are there fore usually kept in a careful balance. For healthy people who do not have an immune system disease, the number of helper cells is double the number of suppressor cells. However, with progressive HIV infection the number of T-suppressor cells can be greater than the declining number of T-helper cells. Eventually T-suppressor cells can out- number T-helper cells. An inverse of the normal T ratio of T-helper and T-suppressor cells usually signals a failing immune system. Another common index that doctors use is the total percent of immune cells that are the T-helper type. There are also new tests that are becoming more widely available that measure HIV genetic material directly in the blood.

" I dread success .To have succeeded is to have finished one's business on earth like the male spider, who is killed by the female the moment he has succeed in courtship. I like a state of continued being with the goal in front not behind".

J.B. Shaw

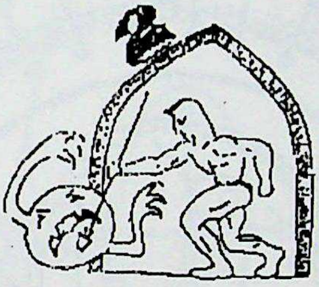
HOW HIV WEAKENS YOUR IMMUNE SYSTEM

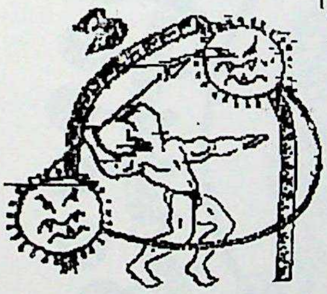
HOW HIV WEAKENS YOUR IMMUNE SYSTEM



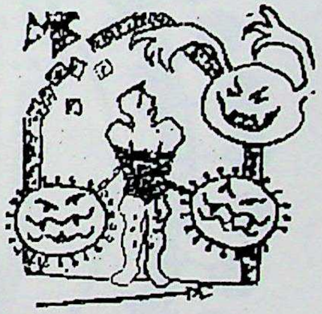
Your immune system is your guard against disease.

White blood cells kill the germs that attack your body.

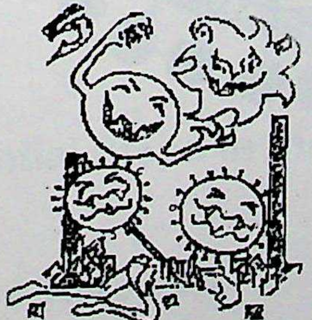




HIV attacks your immune system by entering your white blood cells.



HIV stops your immune system from being able to protect your body.

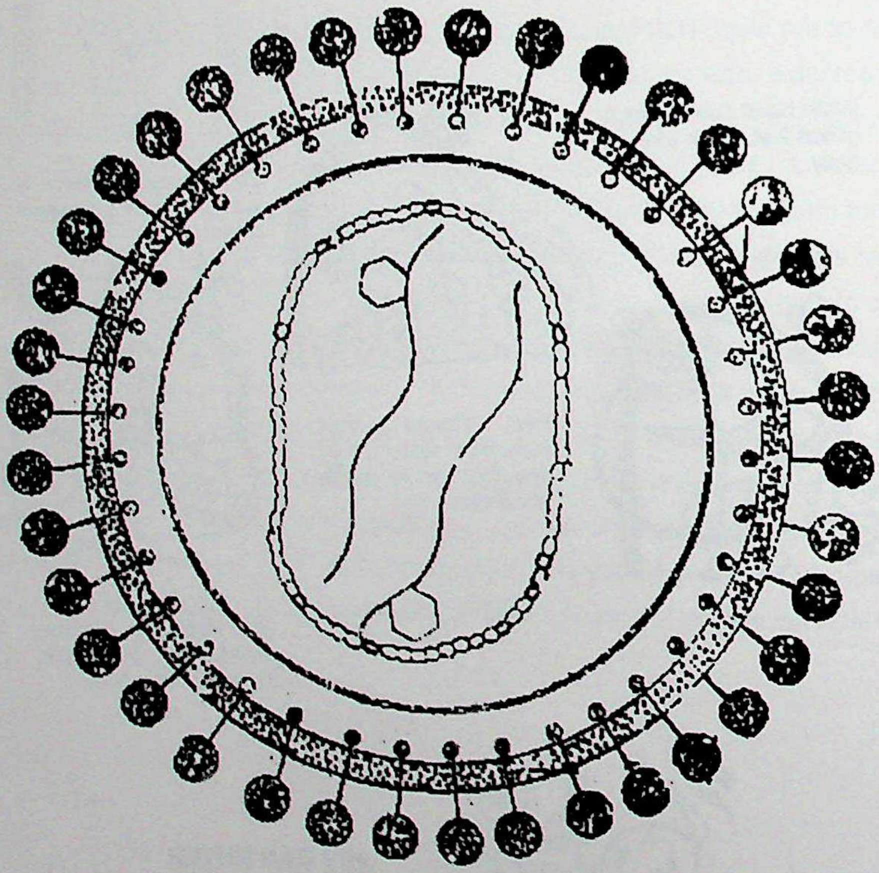


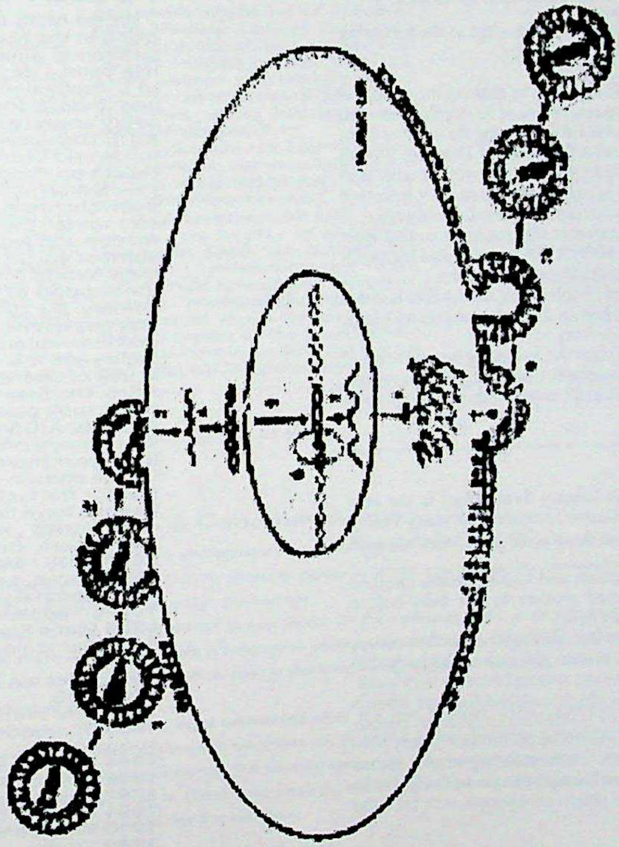
Once HIV has weakened your immune system, germs can take over your body, and you become sick.

HIV CAN ENTER YOUR BODY THROUGH:

- Sexual intercourse without a condom with an infected partner.
- Use of unsterilized needles or syringes ingected with HIV.
- An infected mother may pass it on to her child before, during or after birth.
- Transfusion of blood infected with HIV.

THE HUMAN IMMUNO DEFICIENCY VIRUS (HIV)





Essential Steps in the HIV Replicative Cycle :

1. Adsorption :
2. Fusion :
3. Uncoating :
4. Reverse :
5. Integration :
6. DNA replication :
7. Transcription
8. Translation
9. Maturation :
10. Building (assembly/release)

WORLD AIDS DAY : FIRST DECEMBER

(Some Gleanings From The Press)

National AIDS Control Policy

The National AIDS Control Policy principally aims at the following strategy for prevention and control of the disease:-

- Prevention of further spread of the disease by making the people at large and specially the high risk groups, aware of its implications and provide them with the necessary tools for protecting themselves from getting infected. Control of Sexually Transmitted Diseases among sexually active, economically productive groups together with promotion of condom use a measure of prevention from HIV infection will be the most important component of the prevention strategy.
- To provide an enabling socio-economic environment so that individuals and families affected with HIV/AIDS can manage the problem themselves with their family and community support.
- Improving services for the care of people living with AIDS in times of sickness both in hospitals and at homes through community health care.
- For his purpose the policy addresses the following components of the national AIDS control programme for bringing in a paradigm shift in the response to HIV/AIDS at all levels both within and outside the government.

Understanding AIDS

- AIDS (Acquired Immuno-Deficiency Syndrome) is the late stage of infection with the HIV (Human Immuno-deficiency Virus)
- AIDS can take around 7-10 years to develop after infection with HIV.
- HIV is transmitted through semen and vaginal fluids, infected blood and blood products, infected mother to her baby-before birth, during birth or through breast milk.
- A person who is HIV positive has HIV, the virus that causes AIDS. HIV damages the immune system, the part of the body that fights infection. Over time, the immune system becomes very weak. This stage of HIV is called AIDS. No one knows for sure when a person with HIV will get AIDS. HIV is different in different people. It can take a long time for HIV to make the person sick. Many people with HIV stay healthy for years. Understanding what it means to be HIV positive helps everyone. It helps people with HIV take the best care of themselves. It helps others give people with HIV the support they need and deserve.

I care. Do you?

World AIDS Day has a special place in the history of the AIDS pandemic. Since 1988 December 1 has been a day bringing messages of compassion, hope, solidarity and understanding about AIDS to every country in the world. World AIDS Day emerged from the call by the World Summit of Ministers of Health on Programmes for AIDS Prevention in January 1988 to open channels of communication, strengthen the exchange of information and experience, and forge a spirit of social tolerance. Since then, World AIDS Day has received the support of the World Health Assembly, the United Nations system, and governments, communities and individuals around the world. Each year, it is the only international day of coordinated action against AIDS. The first World AIDS Campaign took place in 1997 to emphasise that AIDS is not just a cause for concern one day of each year. Each year there is a particular theme chosen for World AIDS Day, and for the last thirteen years the themes have been as follows:

2001	I care. Do you?
2000	AIDS : Men make a difference
1999	Listen, Learn, Live: World AIDS Campaign with Children and Young People
1998	Force For Change: World AIDS Campaign With Young People
1997	Children Living in a World with AIDS
1996	One World, One Hope
1995	Shared Rights, Shared Responsibilities
1994	AIDS and the Family
1993	Time to Act
1992	Community Commitment
1991	Sharing the Challenge
1990	Women & AIDS
1989	Youth
1988	Communication

A KNOT FOR AIDS

The Red Ribbon is an international symbol of AIDS awareness that is worn by people all year round and particularly around world AIDS Day to demonstrate care and concern about HIV and AIDS, and to remind others of the need for their support and commitment. The red ribbon started as a "grass roots" effort, and as a result there is no official red ribbon, and many people make their own. To make your own ribbons, get some ordinary red ribbon, about 1.5 cms wide and cut it into strips about 15 cms long. Then fold at the top into an inverted "V" shape and put a safety pin through the centre which you use to attach the ribbon to your clothing.

FROM :
Times Of India
1st Dec., 2003

(NACO, Ministry of Health &
Family Welfare 9th floor,
Chanderlok Building, 36, Janpath
New Delhi - 110001.
Web : www.naco.nic.in)

Figures paint grim AIDS scene in J&K

Times News Network

SRINAGAR: Jammu and Kashmir has nearly 14,589 HIV patients, a sizable number of the cases being from Kashmir, according to the National AIDS Control Organisation (NACO). The report has been forwarded to the ministry of health for necessary action.

Dr Farooq Dar of Bones and Joints Hospital here said at present, facilities for testing blood for HIV before transfusion were available at only four hospitals; SMHS, Lad Ded, Sher-i-Kashmir Institute of Medical Sciences and Bone and Joint Hospital. All these are in Srinagar. No district and sub-district hospitals have such a facility.

Dr Muneer Masoodi, in-charge of the department of social and preventive medicine of Government Medical College here, said what made the situation grave was the social stigma attached to AIDS. Many patients who tested positive did not come forward for treatment, thus putting their family and other people at risk.

Once the wife of a a driver tested HIV positive, but even before the doctors could advise her, she fled from the hospital, he said.

The government, he said, had a crucial role to play in spreading awareness about the disease and removing misconceptions that AIDS could spread only by sexual contact. Interestingly, Masoodi's department which forwarded the NACO report to the health ministry has now been directed not to make the AIDS figures public.

"Times of India, Dec. 3, 2001.

Men more at risk of AIDS

NEW DELHI: Here are some shocking facts. Every hour, almost 600 people are infected by the HIV virus. And every hour, more than 60 children die of the virus. This information was released by the United Nations/World Health Organisation on the occasion of the World AIDS day on Saturday.

With these distressing figures in hand, member countries of the WHO this year have decided to focus on men in the context of AIDS. The day has been given the slogan, "I care ...Do you?". The stress is on the need for men to care for themselves as well as their partners and children. The focus is particularly on young men. It has been asserted that they can play powerful roles in preventing the spread of the AIDS.

The UN message says that men's behaviour puts them at risk of AIDS. (PTI)

"Times of India, Dec

Information, Education & Communication

IEC is among the most important strategies in the fight against HIV/AIDS, as prevention is the mainstay of the national response. India's diversity poses a great challenge for developing IEC strategies which are socially and culturally appropriate.

The IEC strategy in India is operational at two levels. At the national level, political and media advocacy is being promulgated to create a supportive environment. On the other hand, State AIDS Control Societies are undertaking IEC strategies in the local languages, in keeping with the social and cultural nuances of the States.

Television and radio have been used extensively over the last 3 years. NACO broadcasts a special interactive radio programme aimed at the urban youth on FM Radio. Another radio programme is broadcast weekly in 20 languages across the country targeting the rural and migrant workers. A TV chat show has been produced in Hindi and English, enabling an open discussion on all the sensitive issues related to HIV/AIDS, for the first time.

National AIDS Telephone Helpline

A toll free National AIDS Telephone Helpline has been set up to provide information, clarify doubts and access testing facilities for HIV/AIDS. The service has become extremely popular all over the country, since it maintains complete confidentiality of the callers.

School Education Programme

A specific programme has been developed for students to help them resist peer pressure and adopt a safe and responsible lifestyle. At least 20% (about 20,000 schools) of all secondary schools will be covered in the current year and the remaining, in the next 2 years. To ensure uniformity in approach, a training module has been prepared and distributed to all States.

Family Health Awareness Campaign

AIDS has spread among the general population in India, and not just among high risk groups. Which is why NACO, in collaboration with the State AIDS Control Societies, launched the 'Family Health Awareness Campaign'. This has been developed to create awareness and encourage health seeking behaviour among the rural population.

During the 15 day campaign period, health workers visit households to sensitize families about STDs, Reproductive Tract Infections and the importance of prompt and proper treatment.

In the last round of the campaign held between April-June, 2001, more than 70 million people in the age group of 15-49 years were reached. External evaluations have recommended that the FHAC is the most cost effective strategy to create awareness on HIV/AIDS and STDs.

By :
Sh. S.K.Bhat (Lect.)
G.M.College
Camp Jammu.

AIDS
- a dreaded disease

(IN A HISTORICAL PERSPECTIVE)

Prof. Sushma Mam/Kaul

Acquired Immune Deficiency Syndrome (AIDS) is a dreaded disease caused by a virus known by Americans as HTLV - III (Human T - cell lymphotropic Associated Virus. Three), French scientists have named it LAV (Lymphodenopahy Associated Virus) and World Health Organisation (WHO) names it as HIV (Human Immuno deficiency Virus). WHO report states that HIV is characterised by great genetic diversity and two types 'firmly defined' HIV - 1, which is pandemic and HIV - 2, which is limited to certain geographical areas. An analysis of HIV gene sequence led to HIV variants grouped into separate sub types labelled A to H.

Recently, some HIV virus, which could not be classified in any of above eight sub types were identified. This was named sub type O, this is deadlier than the known HIV - 1, and 2 virus. This HIV - O has been isolated and suspected to have human carriers in India, where there is absolutely no facility to test and isolate the new strain. Van Dar Froen Institute of Tropical Medicine in a specialized publication of population service international has alerted about the new virus making its way to India. HIV virus selectively affects helper - T lymphocytes which plays a vital role in the immune responses of our bodies to fight infections.

The first AIDS patient appeared in 1979 in New York and in 1983 a French research teamof the famed Pasteus Institute of Paris headed by Dr. Montagnier succeeded in isolating the virus from a French AIDS patient who had got infection in New York. There is lot of controversy regarding the origin of AIDS. Western Media claim AIDS origin in African, and have cited some reserch reports to assert that the disease has come from the African " Green Monkeys." But the main stream of scientific opinion maintains that AIDS virus' must be an artificial product, the result of a gene - manipulation.

This disease leads to the total loss of resistance to viral and bacterial infections and the individual is prone to many optimistic infection like pneumonia tuberculosis and diarrhoea diseases and following symptoms may appear singly or in combination with other or may be altogether suppressed :: significant and unexplainable loss of weight, cough with thick sputum, persistent watery diarrhoea, swollen glands in the armpits, groinaund sides of neck, oral and oral ulcers, persistent feeling of tiredness, reduction in the number of white Blood Corpuscles, Red Blood Corpuscles and Blood platellets. The symptoms discussed are not sometime specific in patients with AIDS.

According to a report published in British Magazine "Nature", the incubation period of this incurable virus may last up to 15 years and according to US estimates viral incubation time ranges from 5-10 years i.e. a person with AIDS can remain without signs or symptoms for about 15 years but HIV can pass on to other people even at this stage.

Presence of virus in the body is detected by a simple blood test known as ELISA test (Enzymes Linked immune Solvent Assay Test). Positive results of the ELISA test can be confirmed by other tests like western blot test, Immuno fluorescence test etc. The most widely used tests to detect HIV infections are those that check for HIV antibodies in the blood; these antibodies are produced by the body in reaction to the infection, but the antibodies don't appear immediately after infection. This delay called the Window effect is usually six to eight weeks but with some people it may take three to six months for body to produce antibodies. Mainly, because of this window effect, HIV antibody tests are unreliable as prevention methods. A negative antibody test does not necessarily mean that a person does not have HIV. Antibody testing should always be accompanied by pre and post test counselling rather than depending on tests. We should all be responsible enough to evaluate our risks and take measures to protect ourselves from HIV.

This dreaded disease mainly spreads through homosexual and heterosexual contacts, sharing contaminated or infected needles used by drug addicts or injectors through clinical transfusion of infected blood and of course, through an infected woman to her foetus or baby in the womb, during childbirth and breast feeding.

The unprotected sex is the most common route of HIV transmission and accounts for about 85% of HIV infection. HIV is usually transmitted from a man to woman, from a man to another man and to much lesser extent from a woman to man. Many sexual partners is not in itself a cause of HIV infections, but it is the unprotected sex. The risk of HIV is increased in persons having other sexually transmitted diseases because these illnesses leave wounds in the gentials which make it easier for HIV to enter the body and are more likely to pass the virus to someone else during sexual practices. We often blame sex workers or prostitutes for spreading HIV but it is reverse that is the sex workers in turn are put at the risk for HIV because they cannot protect themselves from other peoples high risk behaviours. Many a time, there is an overlap of high risk behaviours, that is an injecting drug user may get infected through unprotected sex and can in turn spread the infections to others through sex as well as the sharing of needles and syringes.

Some human population are more vulnerable to HIV because of biomedical and psychological factors. Women are more vulnerable to HIV because of sex specific anatomical and psychological characteristics.

Besides Biomedical factors, there are important social and cultural reasons for people being put at risk. Many sex workers are forced into such professions together with the risks of HIV because of poverty. Handicapped by their gender, their class, sex workers may not be able to negotiate for safer sex, with their clients as they sometimes work on contract basis. Another group that faces discrimination from society is the ignorant ethnic minority group, because it is difficult to reach them with information and education.

So, the measures which are necessary to be taken by individuals and which are nicely to be understood by governments and non ' governmental organization to create an environment that promotes HIV risk reduction rate are:

➡ Massive public information and education campaigns are needed before implementing any measures

➡ Preventing sexual transmission

(i) Abstinence i.e, educating the young adult for postponing sex which will not only combat AIDS but also some other sexually transmitted diseases

(ii) Mutually faithful sexual relationship i.e, it takes two to be monogamous; if one is faithful and the other one is not, the risk for HIV infection is still there. The thing which has been developed by nature for sustenance and maintenance of a race is now disrupting the families by our mal-Practices

(iii) Safer sex practices i.e, use of condoms greatly reduces the risk of HIV.

➡ Economic and social upliftment of such High risk groups

In Asia, HIV poses a real threat to economic development of many countries as so many families rather communities are dependant on the income of sex workers, so measures are to be taken for the upliftment of these high risk groups.

➡ Preventing Non-Sexual transmission

(i) Screening of blood for HIV and other blood borne diseases at the time of blood transfusion and facilities for this should be available to the common man.

(ii) Use of contraceptives by HIV positive or infected human beings to prevent transmission to the foetus.

(iii) Mother with HIV positive will have to weigh the costs and benefits of breast feeding.

(Iv) Sharing of needles and syringes of infected drug users should be avoided.

(V) Hospitals and health care centres should always provide sterile syringes and needles.

Common man should be highly vigilant and educated for it

For the general awareness of the masses, it may be noted down that HIV virus does not live longer outside the living body. So it is never transmitted through physical contact like hugging, shaking hands, sharing clothes and utensils, kissing, sneezing or coughing of AIDS patient

In other words, a person with HIV does not need to be given unwarranted isolated from society but persons with HIV can continue to lead productive lives as far as their health permits them.

The disease is practically incurable, although researches are trying to find an effective but safe drug and vaccine which would prevent the spread of the disease. Media reports about drugs for HIV and AIDS like Zidovudine (AZT), ddl and ddc are used only to slow down HIV and scientists are not successful in developing a vaccine against HIV.

According to WHO experts, AIDS has virtually spread to every country in the world and at least five million people are thought to be infected by the fatal disease. As per Jonathan Mann (Earlier American Director of WHO's special programme on AIDS) " we are still at the historic moment - which is to say, at the beginning g of a world wide epidemic whose dimensions we are unable to predict ". The sharp rise in India's AIDS Cases in the previous years has led to the establishment of AIDS Managements Clinics at various Cosmopolitan Cities . From Surveillance emphasis is now on educating the masses on preventive measures and creating awareness about the disease through mass India, Popular street theaters reaching the most vulnerable groups sexually transmitted diseases (STD) clinics are been established & supply of free drugs to these in various states of India with the assistance of WHO is been ensured. The Govt, is to make it compulsory for all foreign students seeking admission in Indian Universities to undergo medical tests to check the dreaded AIDS disease. We have to tighten the process of combating the World Wide Epidemic AIDS.

> *Children never receive punishment as such. It should always come as the natural consequence of their fault.*
>
> **Rousseau**

A Study Of Aids Awareness Among The Adolescents Studying In Schools Of Jammu-year 1999

Dr (Prof.) L.K. Verma (1)
Smt. Sadaf Bashir (2)

[Here we are giving an abstract, prepared from the dissertation (on the given title) submitted to the University of Jammu in partial fulfilment of the requirements for the Degree of Master of Education in 1999]

(Ed - in - chief)

Introducing the topic the investigator gives a brief account of AIDS virus known as HIV, &, HIV$_2$, its causes, mode of transmission symptoms, vulnerable groups,country wide position, preventive measures and how this health hazard is spreading like wild fire, and, how inadequately we are equipped to counter its spread and sweep. Regarding the situation in India she writes:

> *" Five million Indians are already HIV infected. One in every 100 Indian carries the virus.... There will be five HI V infected people in the cinema hall you are in. More than a thousand infected are travelling by Mumbai's suburban trains every hour. India is the epicentre of the AIDS volcano. AIDS epidemic- AIDS pandemic. "*

> *"Till August 31, 1998, number of people in India with HIV / AIDS has risen drastically. Following is the estimation according to UN.*

No. of people screened for HIV : 33, 29, 420

No. of people who are HI V +ve : 77,881

People with AIDS :-
Males (78.8%) females (21.2%)
Total : 6,059'

> *'Each minute three and eac h day 7000 people are infected with HIV in India, who will die prematurely leaving behind old parents, young children and half finished jobs.... IHO a non-governmental organisation currently estimated 800,000 AIDS cases and nin e to ten million HIV infections in India in the age group of 35".*

'In this position in India, the awareness level is quite low. In a big city like Mumbai proper knowledge of AID S among the students is less than 60%. Therefore, a study of this kind will reveal how much awareness exists, among the adolescents of Jammu city.'

While making the statement of the problem as the title given above indicates, the investigator fixes the objectives of the study and builds the following hypotheses:-

1. 'There may be no significant differences in AIDS awareness among students belonging to different schools and sexes and students studying in different classes as well as belonging to different sexes.'
2. 'There may be no significant difference in AIDS awareness under joint influence of the following groups.'
   (i) Levels of sex and levels of schools.
   (ii) Levels of sex and levels of classes.

For establishing the hypotheses the investigator adopts the following procedures:-

1. Sample selection (schools of Jammu, only)
2. Selection of the tool (AIDS Awareness test by Singh & Singh)
3. Administering the tool & Data Collection.
4. Scoring procedure
5. Tabulising & organising data. (ANOVA Statistical technique chosen).

While interpreting the data and giving the result thereto the - investigator accepts the first part of hypotheses but rejects the 2nd part of 'hypothesis of no differences".

While concluding, the investigator gives her general findings and suggests educational implications of her study along the following lines, that,

1. the students attending private schools had more information about AIDS than their fellow students reading in state schools,
2. The students belonging to different levels of sex and levels of schools had significant differences in interaction in AIDS awareness etc.

'The global AIDS picture today shows that the disease primarily affects the youth, those in their teens through their early thirties. This phenomenon has and will continue to have grave consequences on the productivity and survival of families, communities and even of entire countries.'

Education is a very important instrument of character building, but 'since the instrument itself is defective, it must be improved.' Keeping the recommendations of IEC in view we must orient our entire education system to our national goals and developing in the youth of today "social, moral and spiritual values' lest their life should encounter an unbridgeable void.

> **"Culture is the bedrock, the final wall, against which one leans one's back in a good-forsaken chaos".**
>
> **Powys**

Aids-
A Smouldering Volcano

Ms. Geetanjali Pathania
(B.ed student)

My ignorance could cost me my life, but I wanted to try and ensure that no one, else would become infected with HIV for the same reason..... now God has laid to me, "you have got to let the world know that AIDS is about to become an even bigger epidemic and you are going to have to teach again" Earwin "Magic" Johnson, November, 18, 1991 .

The personal and social tragedy of AIDS crisis touches virtually everyone. For those who have not yet personally known some one stricken by this dreaded disease, many celebrities have brought AIDS into our line Actor Rock Mudson, basketball superstar, Magic Johnson, actress and comedian Sandie Chruch, tennis champion Arthur Ashe and film acto,r Anthony Perkins are among the 13 million people in the world who have been infected with human immuno deficiency virus (HIV) the virus that causes AIDS. Over 500,000 people have now been diagnosed with AIDS in the United States. Over 3000,000 have died, AIDS is the number one killer of young men and women in USA.

HIV stands for human immuno deficiency virus.

- **Human :** this virus infects only human beings.
- **Immuno deficiency :** HIV destroys the body's immune system , which is responsible for protecting us against disease.
- **Virus :** HIV shares biological characteristics with other viruses that are not common to living cells,

HIV is a virus, so it is important to understand what a virus is before HIV itself can be understood. Viruses are very tiny, and it is difficult to see a virus even with the most powerful microscopes. It consists of a small amount of genetic material (DNA or RNA) encased within a protective covering. HIV is an unusual virus. It is retrovirus, that are unique in the many that they infect and control cells. HIV belongs to a group of retroviruses called lentiviiruses- lenti meaning "slow" in Latin. As the name implies, HIV progresses slowly to cause disease over a long period of time - usually years before symptoms appear.

There are two known types of HIV. The first type of HIV is referred to as HIV type-1 or just HIV-1 which accounts for the majorit y of AIDS cases in the world and almost all AIDS cases in he United States. A second AIDS causing Virus, HIV-2 was discovered in 1986 is common to some areas of Eastern Africa.

The origin of AIDS:

The exact origin of AIDS is not known, but there are several theories. One theory is that AIDS has been around for hundreds of years but was isolated to remote countries and has recently been recognized A second theory states that HIV recently evolved through the mutation of another human virus. A third and widely discussed possible origin of HIV is that the virus stems from a related virus that infects certain types of African monkeys, and that virus only recently infected humans.

It was in the spring of 1981 that the first case of AIDS was documented. A patient was found whose body had very little resistance to diseases. Many other such cases were found, most of whom had died of pneumonia. All of them were homosexuals. This condition was given the name of "Acquired Immune Deficiency Syndrome or AIDS in 1982.

HIV in the body:

Transmission of HIV from one person to another includes moving the virus from the blood stream and other body fluids of one person to another. Infected blood, semen or vaginal fluids must enter the body of another person for infection to occur, HIV is found in large quantities in certain body fluids that are derived from blood. HIV infects immune system cells, particularly T- helper cells, monocytes, and macrophages and these are found throughout the body. Also because of their roles in protecting disease, immune system cells are found in many body fluids, particularly semen, other fluids that come out of the penis before ejaculation & vaginal secretion.

HIV has been found in breast milk of woman infected with the virus. Un-infected babies have been known to become infected through breast feeding by an infected woman, showing that there is enough HIV in breast milk to cause infection unless there is blood present, the amount of HIV in saliva is very small. HIV is more prominent in saliva if there is blood present, particularly when there is an open cut in the mouth or the person has an oral infection or gum disease.

Like saliva, the amount of HIV found in tears, urine and feces is far less than the amount in blood, semen and vaginal fluids. HIV is not usually found in sweat. Contact with urine, feces, and tears is not known to have any risk for transmitting HIV infection because of the small amount of HIV present. However other, viruses, such as hepatitis B virus can easily be spread through contact with saliva, urine & feces.,

Statistical Analysis of the Disease.

Even though it is only a decade old, AIDS has already entered in the category of major killer diseases in many countries. WHO estimates say that the number of people infected with HIV will reach 40' million by the year 2000. Presently the world has 13 million infected people, out of which 5 lakh have developed AIDS symptoms.

In India, about 7 thousand people have been confirmed to have HIV virus, but unofficially the figure can be as high as 5 lakh. According to WHO this number might reach 50 lakh by the end of the century. The reason for such a situation is the fact that in Indian cities, especially Mumbai there are large' no. of prostitutes and homosexuals. About 5 percent men in Mumbai are supposed to be homo - sexual. It is the way of life of , these people rather than their number which is the source of the danger.

Six years after the first case of AIDS was detected in India, WHO estimates that in India around 3-5 lakh people are infected with the virus. At present the virus is spreading in India, with Maharashtra, Manipur and Tamil Nadu leading the percentage count. The highest incidence of HIV infection has been reported from Maharashtra where, 4616 people have the virus. However, in terms of %age of the survey sample, recently conducted by National AIDS control Programme, Manipur heads the list. In the North east states prevalence rose form 1 % to 5%. in just one year. In these , HIV infection is primarily associated with the use of infected needles by drug users. Test among drug users show increase from 23% in 1990 to 45% in 1991 in Manipur. The survey lists two sates without a single case of HIV infection, Bihar and Orissa.

Aids spreading in Maharashtra and Goa has been showing similarities to the pattern of spread in some African countries. Prevalence of second type of human immuno deficiency virus(HIV2) in blood sample from Mumbai and Goa is reported to be high. Out of 388 blood samples known AIDS carriers, it has been found that 300 were infected with HIV-1, 14 with HIV2 and 74 infected with both HIV-1 and HIV2.

Treatment

No vaccine or medicine is yet available to fully cure or reverse AIDS disease but life of the victims can be prolonged by using latest medicines coupled with the change in life style.

Prevention

- ➡ Responsible sexual behaviours.
  - ✦ Abstinence from pre- material extra material sex relations.
  - ✦ Lifelong sex with one uneffected partner only.
  - ✦ Proper use of condoms during sexual intercourse.
- ➡ Use of HIV tested blood for transfusion.
- ➡ Use of disposable syringes / needles.
- ➡ Proper sterilization of surgical instruments.
- ➡ Avoid pregnancy by infected women.

Aids is not caused by

- ➡ Hugging , touching , handshaking , petting playing and working together.
- ➡ Sharing towels, clothes, utensils, food toilet room and working instruments.

World is heading towards AIDS explosion through lack of knowledge and moral erosion.

Every one is susceptible

By sharing needles, sexual diffusion from infected mother to child.

And untested blood transfusion.

To prevent this fatal disease require:

Act judiciously.
Avoid free sex relations.
Endeavour for other safety measures.
Re-instilling spiritual teachings.
And morals invigoration.

Open the door and peep to the dying place where so many vicitims lie between aids and their dead lungs.

We have too much to do for them as we are their only friends.

Education should give us a purpose. Man's completeness results from the pursuit of truth & its application to improve human life, the influence of soleat is beautiful in nature, man & art, and spritual development and its embodiment in ethical principles ; 'it is possible for us, by the control we have obtained over the forces of nature, to bring about paradise on earth. It is equally possible for us, by pressing a button, to destroy continents if the choice is to be made wisely, we must be cultivated in the arts of civilized life........

Dr. Sarvapalli Radha Krishnan
(1888 - 1975)

HIV & AIDS

Challenge Of The Millenium

Prof. V.K. Kapoor
(Law Deptt. Jammu University)

What are HIV and AIDS ? We all have a defence mechanism in our body which fights off infections and diseases. It is called the immune system. The virus, HIV slowly damages this vital defence against disease, and eventually destroys it. It may take several years for HIV to damage the immune system, so much that a person becomes ill. During these years a person with HIV may look and feel well, in fact they may not even know they are infected with the virus. Having HIV does not necessarily mean that you have AIDS or that you will become seriously ill soon. So far as we know, the overwhelming majority of people infected with HIV do eventually develop AIDS,How long this takes,varies from person to person. But it can vary from 3 to 12 years or even more in some cases.

HIV is not contagious like cold or flu. There are three main ways of becoming infected with HIV.

(i) Through unprotected penetrative sex.

(ii) By getting infected blood into your blood stream. This can happen if dirty or infected needles and syringes are shared or if a blood transfusion is given in a country where the blood supply is not tested for HIV.

(iii) From an infected mother to her baby before and during birth or by breast feeding.

However it may be understood that there is no risk of HIV infection from everybody contact, either at work or socially HIV cannot be caught by touching, sharing hands, hugging, kissing some one when you meet socially or from tears. It cannot be caught by sharing a swimming pool

Toilet facilities. Food cups, cutlery, towels and book. HIV cannot be passed on by coughing or sneezing ; you can no get the virus from dogs, cuts of other animals or bites from mosquitoes and other insects whilst it is very unlikely that HIV could be spread by sharing razors and toothbrushes, it is best not to use such razors because they may have blood on them and it is also unhygienic.

Why does HIV / AIDS receive so much attention? HIV unchecked can devastate communities. In additions HIV and AIDS have been controversial because of their association with sexual transmission and in some countries homosexuality and drug use. This association has sometimes been sensationalized in the media. As a result, HIV and AIDS and people with HIV and AIDS and their families and friends have become the focus of fear, prejudices and discrimination, which do not arise with other illnesses. HIV/AIDS is directly associated with the human behaviour. Finally as of now, there is no cure or vaccine for HIV/AIDS and palliative treatments though available is prohibitively expensive and not within the reach of a common man.

India today has an estimated more than 2 million cases of HIV infection. By the turn of the century, the World Health Organisation projects that India will have the dubious distinction of being the world's AIDS capital; with the largest number of AIDS cases in the world. Recent reports clearly indicate that the infection has been spreading from the major metropolitan cities to the rural areas. It is estimated now to be present in every district of India. Another alarming factor is that the HIV/ AIDS is spreading rapidly from traditionally marginalised groups to the main stream population and at the same time infections are increasing among youth and in the groups: sex workers, intravenous drug users, and homosexual population.

Sensational headlines in news papers have created some confusing myths about HIV and sex. The table mentioned on the next page will help in clearing the myths about HIV and Sex.

The table clearly depicts that efficiency in case of sexual intercourse is the minimum i.e, 0.1 % to 1.0%.Howeverer, still the percentage of Global total HIV / AIDS came due to sexual Intercourse is maximum, because sex is associated with human behaviour. It is only unethical and unprotected hetro-sexual behaviour, and activities responsible for the increase and spread of HIV/AIDS infection. The most important and the only treatment of HIV/AIDS prevention, i.e., adopting preventive behaviour- the most effective weapon against HIV are information and education. Let us make sure that everybody has access to accurate and up-to-date correct information about HIV and AIDS. The education programme should be undertaken with an objective of increasing awareness and educating the general population, youth and community regarding issues related to HIV / AIDS. The educational institutions and concerned NGO's should make positive efforts today to lay the foundations for a reasoned and appropriate response to managing HIV and AIDS in the society. It can be done by opening well - equipped counselling centres, having the

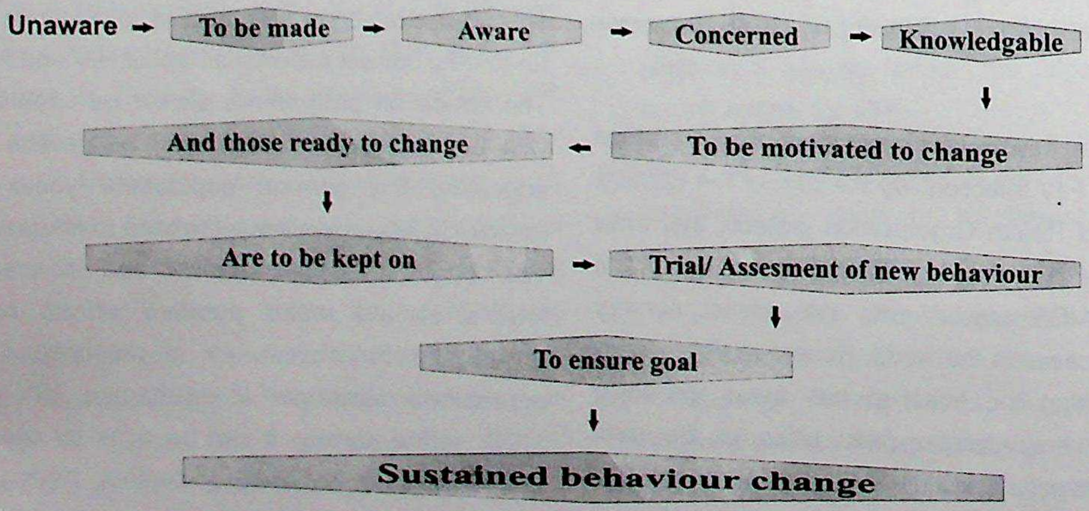
HIV TRANSMISSION

TYPE OF EXPOSURE	EFFICIENCY PER EXPOSURE	PERCENTAGE
Blood Transfusion	90%	3 - 5
Perinatal	30%	5 - 10
Sexual Intercourse	0.1% - 1.0%	70 - 80
A) Vaginal	–	*60 - 70*
b) Anal	–	*5 - 10*
Infected drugs use sharing needles etc.	0.5% + 1.0%	5 - 10
Health Care Needle - Stick etc.	0.5%	0 - 01

facilities of experts / advice, guidance and counselling. It is to be made sure that one understands how to protect oneself against HIV infection and also adopts the habit of sharing this knowledge with friends and family . The youth and other segments of the society must be ready to give their support and understanding to people who are infected at work, home or elsewhere.

In view of the foregoing facts we need to adopt and devise effective and action oriented education information and awareness programmes to prevent the spread of HIV infection. The NSS and similar other NGO's are advised to adopt the undermentioned moral for bringing about a behavioural change in the society, especially in vulnerable sections :-

Model
The Process of Behaviour change through communication


Unaware
To be made
Aware
Concerned
Knowledgable
To be motivated to change
And those ready to change
Are to be kept on
Trial/ Assesment of new behaviour
To ensure goal
Sustained behaviour change

The moment is ripe for taking this work forward so as to set up a network on all India basis with a resolve for building and devising policies and action - oriented programmes on social, psychological, legal and political fronts for the control of the spread of HIV/AIDS disease.

"Modern man seeks depth by cutting into the surface. But the depth is known only when it reveals itself and ever withdraws from the probing mind".

Alan Watts

" Give always with faith-do not give if you do not have faith.
Give generously - but let your generosity be tempted with modesty.
Give with sympathy but also give with propriety .

Taittiriya Upanishad

AIDS
(Acquired Immuno Deficiency Syndrome)

Rajeev Saini
(Student)

AIDS (Acquired Immuno Deficiency Syndrome) sometimes called 'Slim Disease' is a newly described and usually fatal illness caused by human immuno deficiency virus(HIV). It is the end of stage of HIV infection. It is a disease in which the natural defence of the body to fight against infection is generally destroyed. Because of aids the body is not able to fight against the diseases and becomes defenceless. The patient develops a number of disease.

History

Although AIDS was first recognised in USA in 1981 earlier cases were found by retrospective analysis to have occurred in 1978 in the USA and in the late 1970's in equatorial Africa.

AIDS in India

Confirmed evidence of AIDS infection in INDIA came in April 1986 when 6 prostitutes from Tamil Nadu were found positive for HIV antibodies which causes AIDS.

Cause

AIDS is caused by a retrovirus known as the Human Immuno Deficiency Virus(HIV) which breaks down the body's immune system, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorders or unusual malignancies.

Epidemiological features of AIDS

There are two factors of epidemiological features of AIDS

(1) Agent factors

(2) Host factors

1. Agent factors :

There are three names of virus:

(i)Lymphadenopathy associated virus(LAV)

When the virus was first identified it was called LAV by the French Scientists:

(ii) Human T-cell Lymphotropic virus III (HTLV-III)

Researches in USA called it HTLV-111

Reserches in USA called it HTLV-III

(iii) Human Immune-Deficiency virus HIV

In May 1986, the International committee on the taxonomy gave it a new name:

Human Immuno-Deficiency Virus(HIV)

2. Host factors :

i) Age

Most cases have occurred among sexually active persons 20-49 years.

ii) Sex

Certain sexual practices increases the risk of infection more than others e.g,

(a) multiple sex partners
(b)anal intercourse,
(c) male homosexuality.

iii) High risk groups

(a) Male homosexuals
(b) Bisexuals
(c) Heterosexual partners
(d) Intravenous drug abusers
(e) Transfusion recipients of blood and blood products
(f) Babies born to mothers with AIDS.

(iv) Immunology

The immune system disorders associated with HIV infection /AIDS are considered to occur primarily from the gradual depletion in a specialised group of white blood cells (Lymphocytes) called T-helper or T-4 cells.

Modes of transmission

The basic modes of transmission are:

1. Sexual transmission :

AIDS is first and foremost a sexually transmitted disease. Any vaginal, oval or oral sex can spread AIDS.

2. Blood contact :

AIDS is also transmitted by contaminated ' blood transfusion of whole blood cells, platelets and factors derived from human plasma. Any skin piercing (including injections,ear piercing, taltooing acupuncture) can transmit the virus if the instruments used have not been sterilized and have previously been used on an infected person.

3. Maternal foetal transmission :

An AIDS infected mother can transmit virus to her, child during pregnancy (through the placenta) or during birth.

4. Body fluids :

AIDS is transmitted through excretions and secretions of body fluid i. e, blood, semen, saliva, stool, urine

Diagnosis of AIDS

1. Clinical :

(A) Major signs

(i) Weight loss 10% of the body weight.
(ii) Chronic diarrhoea for longer than one month.
(iii) Prolonged fever for longer than one month.

(B) Minor signs

(i) Persistent cough for longer than one month
(ii) Generalised pruritic dermatitis
(iii) Recurrent herpes joxster
(iv) Oro-pharyngeal pandidcres
(v) Chronic progressive and condidiasis disseminated herpes simplex.
(vi) Generalised lymphadenopthy.

2. Screening test :

There is now a wide range of screening tests based on detection of HIV antibodies. To be reliable a screening test i be sensitive enough to identify all " true positives ", while being specific enough to record few "false positive". The ideal test need both the attributes.

At present, to ensure accuracy, two different tests are commonly applied.

(i) Sensitive test

At first a sensitive test is used to detect the HIV antibodies

(ii) Confirmatory test

A confirmatory test is used to weed out any false positive results.

(iii) Virus Isolating

A test for virus itself would eliminate the painful uncertainty of AIDS infection. HIV can be recovered from cultured lymphocytes.

How to Avoid Developing AIDS

1. Do not have many sexual partners.
2. Use condoms. However there is no guarantee that the use of condoms will give full protection.
3. Avoid oral and anal sex.
4. Avoid repeated exposure to sexually transmitted diseases.
5. Avoid the use of shared razors and tooth brushes.
6. Avoid sharing of needles to inject drugs.
7. Women suffering from AIDS or who are at high risk or infection should avoid becoming pre - gnant, since infection can be transmitted to the unborn or newborn.

How to prevent the spread of AIDS

1. Education :

People, particularly those in high risk group, should be educated about AIDS. All mass media channels should be involved in educating the people on AIDS its nature, transmission and prevention.

2. Disposable syringes :

Disposable syringes and needles should be used, Strict sterilization practices should be ensured in hospitals and clinics.

3. Screening :

Routine screening may be done in

(i) Blood donors

(ii) Organ donors (Kidney , Lung, Liver etc.)

(iii) Donars of semen & growth harmone.

Iiv) Females are in high risk group who are pregnant

4. Check on Drugs :

Keeping check on human drugs having a mixture of foreigners.

5. Decontaminated Surface:

Surfaces which are contaminated with blood must be properly cleaned and decontaminated.

6. Sexual Partners :

Homosexuals and heterosexuals should be advised not to have any sexual partner .The high risk group must avoid infection particularly those of sexually transmitted disease.

Brevity may be the soul of wit, but certainly not at the expense of clarity

AIDS Awareness Programme in India

Prof: Anita Razdan

State of the epidemic

Asia accounts for at least one quarter of the world's 33 million HIV infected people. India has an estimated 3.86million people infected with HIV

World wide, 40 million people are affected with HIV Early next century, India will have the most AIDS cases in the world. Half of new HIV infections world wide are in the age group of 15-24. In India, one in every four HIV patients is a woman.

In the 6 states- Maharashtra, Tamil Nadu. Andhra -Pradesh, Karnataka, Manipur and Nagaland HIV prevalence in the population is more than 1 % of the reported AIDS cases, on estimated 75% of the infections are in the male population, 83% of which are through the sexual route (estimates are based on the annual sentinel surveillance data collected form the surveys conducted in 320 sites nationwide). Some of the factors influencing the spread of HIV In the country are the high prevalence of STD's commercial sex work and large scale migrations from rural to urban areas.

National AIDS control project- Phase II 1999-2004)

The National AIDS control programme was launched in Dec. 1999 with a total outlay of Rs.1504 crores. The programme is decentralized to state Governments for the effective Implementations.

Aids control societies have been formed at state level, including a strong component of NGO's interventions, supported by efforts for mobilizing the community around awareness and treatment of sexually transmitted diseases.

With a new round of resource mobilized from the Govt.. the international Development Agency, major financial donors and the U. N, the programme is moving into an important phase of implementation.

Milestones

1. Strong support from the Govt. of India at national and state levels.
2. 570 targeted interventions implemented by NGO's for various groups like migrant workers, sex workers , truck drivers, street children (rag-pickers) injecting drug users, prison inmates and homosexuals.
3. Awareness programme for woman and youth. Life skills eduction programme in nearly 20,000 schools. All secondary schools to be covered by 2004.
4. 70 million people in rural India reached through ***Family Health Awareness Campaigns*** in prompt treatment of STI/ RTIs.
5. Mandatory testing of blood for HIV, Hepatitis B&C, Malaria and syphilis.
   Professional blood donation banned which rose to 45% in the last 3 years.
6. 11 care, & support centres established at lowcost for HIV/AIDs patients &their families.
7. 145 voluntary counselling and testing centres established. All 600 district hospitals to have VCTs by NACP phase -11.
8. 77 National Aids Telephone Helpline "1097'.
9. Over 115,000 pregnant mothers counselled in mothers-to-child transmission feasibility studies over the last one year, bringing down the transmission rate to 9.6°l° only.

An integrated approach is needed for prevention and control of Aids in the country.

Several steps are taken which are as under:

a) Improving Blood safety and rational use :

(i) Adequate blood/banks at state level / district level including development of trained and qualified manpower.

(ii) A quality control of blood and blood products or example from collection, storage to distribution.

(iii) Educate, motivate voluntary donors.

(iv) Introducing Hepatitis C as the fifth mandatory test for screening.

(v) Increasing availability of blood from present 3.5 million units to 5.5 million units in five years.

b) Promoting Public Awareness and community support :

(i) Information , education , communication and social mobilisation.

(ii) Introducing Aids education in schools to help the students to resist peer pressure and adopt a safe and responsible life style 20% (20,000) of secondary schools will b covered under Aids Education programme in the current year.

(iii) Condom promotion among the community members. Education can be imparted through Community Development Centres.

C) Surveillance and clinical management :

(I) In each hospital there should be continued education unit to give training to hospital workers regarding Aids prevention. Training programme may include seminars, workshop, symposium, video programme, radio, TV programme, pamphlets, leaflets or puppet shows.

(ii) Hospitals should have proper facilities for CSR, sterilisation system and proper way of disposal of refuse and waste.

(iii) Follow-up service in home through community programme.

The objective of education for Aids is to prevent transmission of HIV infection and to provide psycho-social support to those who are already affected with HIV.

It is the need of the hour to educate people on AIDS because infection with HIV is life long A person can avoid acquiring HIV infection or transmitting it to other by changing behaviour. Awareness of HIV infection can prevent misunderstanding and discrimination.

The National AIDS Control organisation is committed to the reduction of stigma and discrimination and protection of human rights of people affected by HIV/ AIDS, particularly the vulnerable and marginalised, as it takes on the formidable challenge of prevention and control of HIV/AIDS in India.

It is all a chequer - board of
Nights & Days,
Where destiny with men for pieces
Plays,
Hither & thither moves, and mates , &
Slays,
And one by one back in the
Closet lays.

Omar Khayam.
(KLIK) Traus. Fitzgerald.

AIDS
The World Wide Epidemic

Mrs. Reeta Koul
(Librarian)

Acquired Immune Deficiency Syndrome (AIDS) is a dreaded disease which leads to the total loss of resistance to viral and bacterial infection that is naturally there in the human body. The disease is caused by a virus which the American scientists have called HTLV-III (Human T- cell Lymphotropic-associated virus three). The French Scientists have named it LAV (Lymphadenopathy Associated Virus). The WHO names it as HIV Human Immune deficiency virus). The virus selectively affects helper T-lymphocytes which play a vital role in the immune responses of our bodies to fight infections.

Following symptoms may appear singly or in combination with others or may be altogether suppressed; Significant and unexplainable loss of weight, cough with thick spectrum, persistent watery diarrhoea, swollen glands in armpits groin and sides of neck, Oral and anal ulcers, persistent feeling of tiredness, reduction in the number of white blood cells, red blood cells and blood Platelets.

According to a report published, in the British magazine "Nature" , The incurable virus incubation period may last upto 15 years. According to U.S. estimates, viral incubation times ranged from five to 10 years.

This dreaded disease mainly spreads through homosexual and heterosexual contacts as in case of American Catholic Clergy !t also spreads through the infected syringes and needles used by drug addicts and through the clinical transfusion of infected blood. Presence of virus in the body is detected by a simple blood test known as ELISA test (Enzyme Linked Immune Solvent Assay Test).

The disease is incurable. But researchers are trying to find an effective but safe drug and a vaccine which would prevent the spread of the disease. A number of drugs have been considered. Dideoxy nucleosides, Azidothymidine and Ribavasin appear most satisfactory. Scientists at the National institute of virology at Pune have discovered a particle which may shed light on several aspects of AIDS.

The first AIDS patient appeared in 1979 in New York. However it was only in 1983 that a French research team of the famed pasteur institute of Paris headed by Dr. Luc Montagnier succeeded in isolating the virus form a French AIDS patient who had got infected in New York. Three months later a US research group identified this virus in an American patient. There is a big controversy as regards the origin of AIDS. Reports appearing in the Western media have claimed that AIDS could have its origin in Africa. The Western media has cited some research reports to assert that the disease has come from the African "green monkey". But the mainstream of scientific opinion maintains that the AIDS virus' must be an artificial product, the result of a gene manipulation". Eminent British Scientist John Seale holds that AIDS virus was produced artificially in a laboratory. Robert Starcher, an American Scientist, holds the same opinion. The French biophysicians Prof. Jacob Segal & Dr. Lilli Segal point out that the US army opened its first laboratory for gene manipulation of pathogens for military use at Fort Dentrick, Maryland in 1977. The first AIDS patient appeared in the USA two years later.

According to world Health Organisation experts, AIDS has spread to virtually every country in the world and at least five million people are thought to be infected by the fatal disease. "We are still at the historic moment which is to say, at the beginning of a world wide epidemic whose dimensions we are unable to predict, "said Dr. Jonathan Mann, the American Director of WHO's special programme on AIDS. The WHO has singled out India and Thailand as the two most AIDS - prone countries in South-East Asian region. Following this warning the Indian Council of Medical research formed an AIDS committee in 1986 to advise on steps to tackle the disease. The government promised to set up surveillance centres for detecting Human Immune Deficiency virus infection in addition to 29 zonal blood testing centres. The government is to make it compulsory for all foreign students seeking admission to Indian Universities to undergo medical tests to check for the dreaded AIDS disease. As stated by the Minister for Human Resources Development in Rajya Sabha in March 1987 "we have to be in step with the world and not out of it." explaining that many countries were tightening up the process.

Secret of education lies in respecting the pupil.

Emerson

HIV Drugs

Prof: C.L.Kuchroo

Some encouraging developments are taking place as far as HIV Drugs are concerned. An Indian drug manufacturer Cipla announced that it would make its 3 drug combination therapy available to Africa at a cost almost 50 per cent lower than. that of USA. This is a good news for our region as it is infested with AIDS patients whose number is only next to sub Sahara Africa. "Experience worldwide shows that a combination of 3 or 4 antiretiretrovial drug (ARV) including our protease inbibitor, has a powerful effect. It not only reduces the number of HIV-associated infections a patient would have, but it can also prolong the lives of those with end stage infection or AIDS." In rich countries leaving accessibility to ARV, patients with HIV are able to live longer life & don't have the fear of impending death which otherwise is lurking with an AIDS patient in poor countries.

It has been found that $12000- 15000 is the normal cost that an AIDS patient has to bear per year for treatment , which, is out of reach for a similar patient in developing countries of Africa or Asia. In a country like India can Govt. hospitals bear this cost one can imagine In the year 2000 in the World Health Assembly 5 multinational companies offered to reduce prices of ARV drugs sixfold, but, even then AIDS patients in poor countries cannot afford to have these durgs. Cipla's announcement that it would make their 3 - drug combination available to Africa at a cost of US $ 350 per patinet per year is a welcome gesture. A few multinational drug companies have followed suite, e.g., Merck brought, down 2 of ARV drugs by 90%, so did England's Glaxo,Smithkline & Bristol Myers Squible. It is a good news but even then it is still out of reach for countries like India. Because of affordability AIDS patient will enjoy much longer life in, say USA but tragically enough his Asian counterpart will be facing death much prematurely. The drug companies have realized that they owe a moral responsibility to provide drugs at a cheaper affordable rates without thinking of profits at the expense of sick and dying patients. In this direction we should hail the declaration made by the International Human Rights Commission that access to drugs is a human right.

With such good news flowing now we have not to start bieng complacent about our AIDS Awareness Programme. Accordingly Dr. Uton Muchtor Rafei, Regional Director, WHO SEA Region the prevention of HIV "still remains the topmost priority in our Region. This would also mean that resources for ARV drgus should not be at the expense of prevention efforts, but should be in addition to those for preventing new infections. Drug pricing is not the only problem but equally costly is HIV testing and patient care. Hence prevention is better than cure has to be adhered to and our efforts in that direction should not wane. The role of National Governments enchances as they will have to revise & reorient their national health policies for production or importing of ARV drugs and arranging counseling.

SOURCE:

AIDS WATCH HSI and STB unit ,
W.H.O Regional Office for S.E.Asia, WHO IP Estate , N.D-02.

Reading should be in proportion to thinking,
and thinking in proportion to reading.

EMMONS

How to Look After AIDS Victims

Prof: R.L. Koul

AIDS or acquired immune deficiency syndrome is a disease which was first recognised in 1981 caused by a virus known as Human Immune Deficiency Virus or HIV As a result of the disease an individual is susceptible to infections by opportunistic bacteria and various tumours. The incubation period of this disease is from 2 months to 4 years. The incidence of this disease is alarmingly increasing both in the developed and in developing countries and now it has become a global health problem.

The fresh case of HIV infection was reported in 1986 in India and since then the disease is spreading, very rapidly.The commonest age group contacting the infection is between 20-40 years. Transmission of AIDS can occur through (i) sexual contact (ii) by sharing infected needles (iii) exposure to infected blood or body fluids (iv) through breast milk (v) Transplacental i.e., during pregnancy transmitted from infected mother to the foetus.

Transmission of HIV which will ultimately lead to AIDS can occur within the hospital through contact with blood and other body fluids of infected patients. Therefore it is advisable that hospital safety procedures should be revised to minimize the risk of staff being exposed to the virus during their work in wars, operation theaters, labour rooms, laboratory or during home care.

Since prevention is the only cure for AIDS, so looking after AIDS victims has to be considered keeping two basic principle in mind:

1. Firstly, taking care of people already infected with HIV.
2. Secondly prevention of further infection both within the community and among health workers.

Work rules and work procedures while taking care of AIDS victims in particular and other patients in general should have safety norms to minimize virus along with having such health systems which result in minimum hardship for the AIDS victims.

Initially the infected patients present enlargement of lymph nodes, fever, headache, sore throat, rash This primary illness may be followed by an asymptomatic period i.e., the period when the patient does not have any symptoms of the disease. So, in order to diagnose the disease at an earlier stage (so that infection to others is prevented) specific tests to diagnose this disease should be done like ELISA (enzyme linked immunosorbent assay) which is a screening test. Two different tests are done to confirm the diagnosis. Western Blot test which is highly specific and polymerise chain reaction (PCR) which is helpful in early diagnosis. Tests for other sexually transmitted diseases should also be done and either of the partner (husband or wife) should be offered testing for HIV.

In case of females, counselling is very important and counselling about the risk of HIV transmission to the foetus should be made. In all the AIDS victims, tuberculin tests for tuberculosis should be done. If the test is positive, a chest x-ray should be done. Even if the chest x-ray is not suggestive of the disease anti-tubercular treatment should be given to all patients as tuberculosis is the commonest opportunistic infection that AIDS victims suffer from. A patient of AIDS is also prone to get infected by a parasite pneumolistic carinii which leads to severe respiratory tract infection and fatal pneumonia. So all patients should receive phophylactic treatment against pneumocystic carinii also.

AIDS patients should be nursed in open wards and there is no need for isolation of the patient as of the patient as HIV virus is not transmitted by air, food, water or droplet infection. AIDS cannot also be transmitted by coughing, sneezing or spitting. So unnecessarily isolating the patient from others only leads to psychological agony as the patient is already upset. Hospital staff looking after the patient should wear disposable plastic gloves to take blood specimen, and the surgeons should wear water-proof aprons and shoes. Sharp instruments, needles and syringes should be disposable and recapping should be avoided. All disposable needles should be used once only. After use the butt of the needle while still attached to the syringe is placed in a 'key hole' made in the lid of a container. The containers are collected and emptied into one container for incineration every day in each ward by a staff member of the ward. Relatives of he infected patient may be involved in the care of AIDS patient and can also be provided with disposal plastic gloves.

Since the disease is caused by a virus, drugs that target and destroy the viruses, also generally damage the host cell. As no effective vaccine against HIV was available, drug therapies to combat the effects of HIV are used in clinical trials Azidothymidine (AZT), originally an anticancer drug, has met with some success in the treatment of AIDS. Other, anti virus drugs such as 3TC and dideoxynosine (ddi) are now used to slow', the development of AIDS.

Testing for the presence of HIV or antibodies to HIV after exposure remains till now an important method for prompt diagnosis and thus the administration of early medical care that may delay or prevent

Complications, since the patient suffering from AIDS ultimately dies because of the severe complications (i.e, severe respiratory tract infections and fatal tumour (kaposis Sareoma)) A female AIDS patient should be given a detailed counselling about marriage, including the probabilities of infection to her partner and also to the fetus should be well explained) Ideally all these women must avoid conception. If pregnancy occurs, termination of pregnancy and sterilization of woman is advocated. If the woman is very keen to continue the pregnancy even after the doctor's advise the delivery of the patient should be carried out in an area which is separated from the main area. Also the woman is more prone to other infection. Hence, the patient needs greater protection from infection. During the delivery a team of health care workers including a child specialist must be exclusively involved with the delivery for the HIV-positive women.

Because of the social stigma attached to the disease, AIDS victims are usually looked down upon not only by outsiders but also by the family members them selves.This should be discouraged and it is the first and foremost duty of the health worker to see that the family support for the persons with HIV infection is strengthened, and that the patient is not excluded from the community. It is the immediate duty o the health worker that all persons diagnosed HIV positive by a blood test be informed of the result as soon as possible. The patient should be informed, in confidence by a member of the AIDS counselling team. Out-door patients can be informed by a social worker and they are encouraged to share the information with other family members, so that the patient is not deprived of normal human contact. Even when full blown AIDS develops, the patient must live with dignity and die with honour.

> *A boy will learn more true wisdom in public school in a year than by a private education in five. It is not from masters, but from their equals that youth learn a knowledge of the world.*
>
> *Gold smith*

Do We Need A Philosophy Today ?

In View of AIDS Crisis

Prof: Nath Jee zadoo

With a rapid advancement in science and technology today man has started thinking that the discipline of philosophy is irrelevant and outdated. This is so because science has unravelled many frontiers of knowledge which bordered on mystery in the past but have become common place now. Many cherished dogmas and rituals of the past appear only superstitions in the present age. Before I embark on whether we need a philosophy today or not, let me first quote some popular definitions of philosophy.

Socrates did not advocate a system of philosophy but he stressed that before we discuss or debate, we must understand the real meaning of terms. He wished us to put our theories to test. This is very well known as the Socratic Method of enquiry. Following 'Socratic irony' he discussed what is good, truth, beauty justice, virtue, etc. His celebrated pupil Plato says, 'philosophy' is a meaningful exercise to know the fact and reality. He took recourse to metaphysics for laying the validity of knowledge.

Locke stressed equally the fact that before we set ourselves upon enquiries, it is necessary to examine our own abilities and see that our understanding are, or, are not filled to deal with. To him man is fitted with 'tabula rasa' a clean slate having the ability to receive impressions & ideas born out of experience.

Raymont writes that 'philosophy is an unceasing effort to discuss the general truth that lies behind its particular facts and also to discuss the reality that lies behind experience.'

There are innumerable definitions and viewpoints about philosophy -what it is all about. But one thing very certainly common among all these views is the fact that it is 'love of wisdom'. Love of wisdom and love of truth need to be understood in a distinguished and differentiated manner. Love of truth is not a special province of philosophy - it belongs to all, from a common household lady to a scientist. Everybody wants to know the truth irrespective of the fact whether he makes the requisite effort to know it or not. But 'love of wisdom' is not what everyone of' them is worried about. A scientist can easily tell us how to kill people in wholesale but, he cannot tell us how to be wise. " Wisdom' is a value judgement which cannot be addressed by scientists as scientists. If they do so, they cross the borders of science and enter into realms of philosophy. The explosion of scientific knowledge is too strong for us to bear. A common man is really bewildered and overawed by the fast changing facts even faster than the hands of a clock. In such a situation a person feels an encounter with a void. Life seems to him an enigma - in Shakespearean style 'signifying nothing'.

In this bewildering scenario the youth of today have lost a sense of purpose of life, a direction where to go, and what to start with. No wonder he finds advocates for the pursuit of immediate pleasure.

Our forefathers lived a life of high ideals at least with respect to the worst disease which the world is facing today i.e., unscrupulous and uncontrolled sexpleasure resulting ultimately in AIDS or any other severe such ailment. We have learnt form Ramayana how Ram, the God incarnate, exiled his wife and lived a celibate lonely life for the rest of his life, and, solaced his wife Sita through his brother Lakman, promising her that he would not marry the second time. Sita Jee had built such a trust in her husband that she did not doubt the words of her younger brother-in-law. Equally when Ravan forcibly abducted Sita jee, Laksman could not identify the ornaments of his 'Babhi Jee' Sita, for, he lived a high ideal of life, and, never stared her ever beyond her'sacred" feet. The situation today has reversed - our people know.

"Janami dharmam na che mey pravartitta
Janami adharmam na che may vivertitte"

It would do the good but does not do it, it would avoid the evil but is inclined by an impulse more powerful than its will toward the evil which it would avoid.

The present statistics shows that around 83% AIDS victims have contacted this dreadful disease through sexual mode only and that itself is due to engaging in multiple sex partners. It shows how far a human being has shifted away form ideal values. Even pious relations have not remained sacred. We refuse to cherish and value the ideals preached by Gandhi Jee. I feel that we need a positive philosophy of life today more than we required it ever in the past. Our youth need to recast their life style in the light of their personal everlasting good and that of their families and society at large. They owe a responsibility to the society and their families which they cannot hold hostage to their personal moral - free agenda.

The significance of philosophy lies for the AIDS victims also. They need not remain withdrawn and start dying earlier than the fateful day. They will be able to face the ordeal more joyfully if they have some abiding faith in a positive philosophical outlook.

The AIDS victims need help of the society. Most of the human beings avoid them. They feel that by serving them they aren't deriving any benefit. It is said that we should not serve a child because he is innocent, and, we should not serve an old man, because he is not going to live long. So what will they get out of the service not to speak of serving such people as have social stigma and also not going to live for long. But quite a few have a high dose of humanistic view of life that impels them to serve others not for any consideration but for the sake of what is good. They do it voluntarily and for their cherished values. Let us emulate them.

> *The true teacher is inwardly rich & therefore asks nothing for himself; he is not ambitious and seeks no power in any form ;he does not use teaching as a means of acquiring position of authority; and therefore he is free from the compulsion of society and the control of governments.*
>
> **J. Krishnamurti**

Awareness About AIDS

Prof. Raj Kaul

The most dreaded disease of 21 st century is AIDS. The acronym "AIDS" stands for Acquired Immune Deficiency Syndrome. Aids is acquired because it is always caught from some one else and not inherited; Immune deficiency, because the immune system is weakened by the HIV, and syndrome, because this illness has variety of sign and symptom. There is so far no effective cure or vaccine available to combat this deadly disease. Hence we are left with the only solution and that is global effort to prevent and check the further spread of this virus. The causative agent of this disease is HIV. HIV stands for Human Immune Deficiency virus. This virus is pathogenic only to human beings. After the introduction to HIV in the human body, the virus attacks the immune system leading to depletion of the T4 lymphocytes resulting into the immune deficiency. The immuno deficient person becomes susceptible to a number of secondary infections and neoplasm which characterise the manifestation of full blown AIDS.

HIV/AIDS is one of the most serious health challenges that our country is facing today. It seriously affects the present as well as future. It is well known that there is no treatment of HIV injected persons, therefore, prevention is the only means to keep away from AIDS. The prevention of the spread of HIV from one person to another could be managed by following precautions.

A) Sterilization and disinfection of syringes and other medical instruments

(I) Sterilsation by steam:
(ii) Sterilization by dry heat:
(iii) Disinfection by boiling as well as by chemicals:

B) Careful handling of blood and other body fluids:

The blood and body fluids of HIV infected persons can transmit HIV Therefore high level precautions should be taken in handling the blood and other body fluids by the health care workers.

1) Venepuncture for blood collection:

a) The doctors and staff must wear the gloves.

b) Cotton swab soaked in the disinfectant must be kept & pressed at the site of puncture.

(c) The bottle in which blood is collected must be sealed with tight filling cork. The sample must be labelled as "Infection risk" if there is a doubt of high risk behaviour group.

(2) Careful disposal of used syringes and needles:-

(3) Careful disposal of execrations and secretions:-

(4) Transmission through mother to child :-

Out of total number of AIDS patients in the world, one third are infants. If a pregnant woman is infected by HIV the transmission of HIV may occur before, during or shortly after birth. The risk of HIV infection from mother to child stands between 20% to 40%. The transmission of HIV in infants is also due to carelessness of caesirian sections. There is also the risk of HIV transmission through breast milk. if proper substitute of milk is available then the breast feeding should be avoided. Vast majority of HIV infection of infants is a result of transmission across the placenta.

(5) Safer sex:-

The dominant mode by which HIV infection is transmitted is the sexual intercourse. For controlling the spread of HIV it is essential that general population at large is given education about 'safer sex'. The adolescent boys and girls should be given scientific information through sex education. It is essential to emphasize that 'no sex' before marriage is the best way for assuring safer sex. The other method to avoid infection during sex is the proper and consistent use of intact latex rubber condoms.

HIV- Not Transmitted through casual contact:

Unlike many other viruses, the HIV is not transmitted through casual every day contact. It is not transmitted during casual social situations such as hand shaking, touching, talking to some one living with some one in the same house or sitting with some one in crowded bus or train.

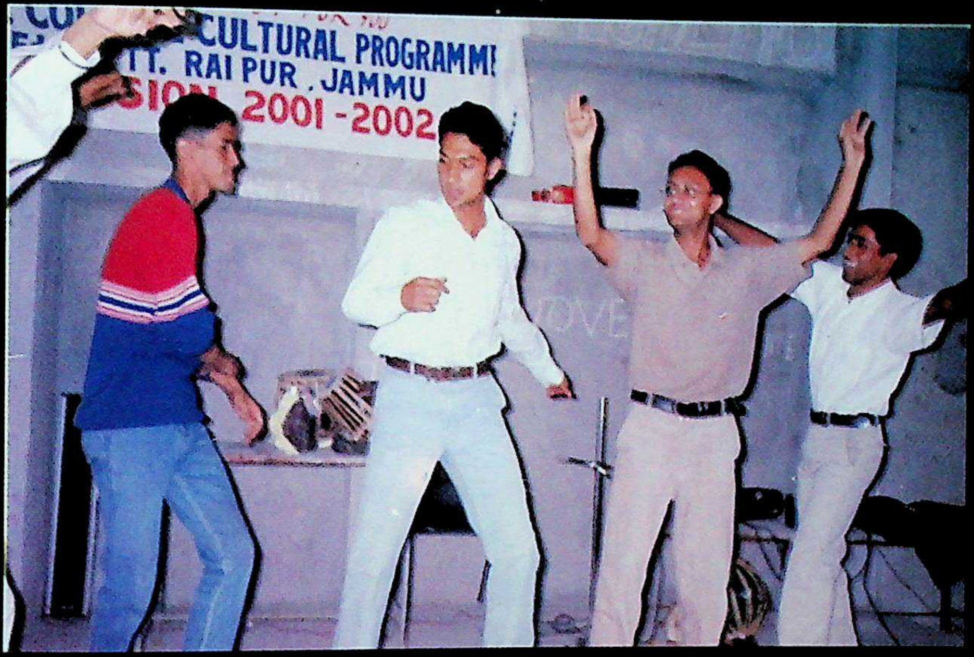
For the diagnosis of HIV infection or AIDS in infected person a number of tests like ELISA, viral culture, viral antigens detection PCR and western Blot test can be performed. The possibility of infection, brings with it profound emotional, social behavioural and medical consequences. Due to this infection the person feels that he or she is losing identity, dignity, privacy, social status and independence. They may also provoke anger, guilt and fear of loneliness, and death. HIV infection may also impose direct and indirect financial costs, which are stressful if economic productivity is affected by illness. The family persons, friends colleagues, employers of HIV infected persons should be given upto - date technically correct information about AIDS. Care and support of those infected is central to NACO's agenda. Import duty on anti-retroviral drugs has been waived. Drugs for opportunistic infections are provided free of cost in Govt. hospitals training of medical and paramedical staff is being taken up in phased manner. Till date, about 80,000 personnel have been trained in HIV/AIDS care.

The'Universities Talk AIDS'now popularly known as UTA has also drawn international attention as a very unique and low cost programming involving the students, as receivers and providers of AIDS awareness This appraoch need to be followed not only in Universities but also in all the affiliated colleges.

Executive Body Members of HESK with captains of the teams participating in UTSAH MIGRANT CRICKET TOURNAMENT.

PEACE MARCH
STATE GANDHIAN WORKERS
AT JAMMU
Organised By AKHIL BHARAT RA
ABRS
Committed For PEACE

Sh. A.K Dewani , President HESK
Participate in Peace March
By State Gandhian Workers (July 2001)


CULTURAL PROGRAMM
TT. RAI PUR, JAMMU
SION 2001-2002

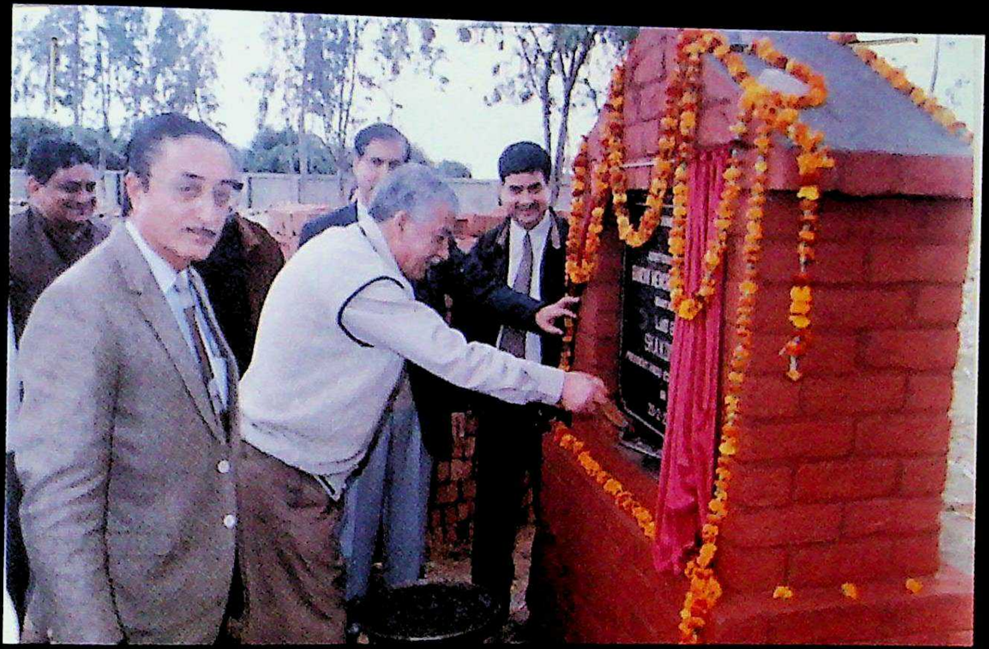
B.Ed Students Perform a Cultural Show

G.M.C.
SARVODAYA CELE
1996

B.Ed Students Participating in Sarvodaya celebrations.

B.Ed Students watch Cultural Programme.

B.Ed Students listen to speakers on Sarvodaya Celebrations.



Sh. A.K. Dewani President HESK/IMC Laying the foundation stone of additional block of college building on 28-02-2003.

Management & Staff Members Standing at the foundation site of the new block .

Sh. A.K. Dewani President HESK/IMC supervising the site of construction for girls hostel.

Principal G.M. College offering Sweets on the day of laying the foundation stone of girls hostel on 25- 07- 03.

SECTION -II

O India ! Forget not that the lower classes, the ignorant, the poor, the illiterate, the cobbler, the sweeper are thy flesh and blood.

SWAMI VIVEKANANDA
(1863 - 1902)

HINDU EDUCATION SOCIETY KASHMIR

PRESENT STATUS AND FUTURE DEVELOPMENTAL STRATEGY

A.K DEWANI

Hindu Education Society, Kashmir (HESK) has been in operation from the year 1943-44.This is the only institution of its stature which has come up as a result of people's effort in the pre-independence era of the country. It has survived many onslaughts in its long journey of around 58 years now. The path it has tread has not been smooth as otherwise it should have developed a full fledged University. The constraints have been numerous and position got further aggravated during the period of past over a decade now when the socio - political scenario of the state was highly volatile and every thing else remained subservient to the law and order requirements. Adversities caused to the society have been unusual and it has suffered on all fronts academic, administrative and financial. Unusual because the minority community (KPs) owning and managing it had to migrate from the Valley. Inspite Of this depressing situation, the society has survived obviously because of its inherent strength arising from the noble objective of spread of value based education set for by its architects.

It is heartening to note that while struggling with the highly volatile. environment, we have rolled out 3835 UGS & 1015 PG during the last decade. The lamp has been thus kept beaming even during the period of high spread storms - with the grace of Almighty God. The society has maintained its infrastructure as far as it has been possible to do so. These, as on date comprise :-

Well qualified teaching staff including doctorates & M.Phills.

Adequate supporting staff

Two campuses housing 16 departments in different facilities with ten labs, two libs & three auditoriums.

The overall teacher pupil ratio is 1 : 15 & pupil classroom area 1 : 22 sq. ft. In UG. In case of PG it is 1 : 15 and 1 : 25 sq. ft. respectively.

Time has now come when every one of us has to awake and rise to the occasion which certainly calls for putting the institution on a sustained path of growth, bearing also in mind that the growth has to be one which apart from stabilization also meets new challenges arising from globalisation of economy, development of new technologies, new beliefs and thoughts etc. etc.

Working in the field of education is a blessing which comes rarely. Unfortunately it is not taken like that. Why, is an important question for which the managers and teachers should find answers through a sincere introspection. This will help in application of correctives where-ever called for. Imparting of teaching in different educational faculties according to a pre-determined pattern makes a student knowledgeable in a chosen field only. This may be important but equally important is to develop his other mental horizons highly essential for community prosperity and its orderly development. After all it is a student who eventually becomes an architect for nation building in all its aspects, socio-economic as also ethical. An educational institution has not to have academic interests alone but has to be a place where positive minds devoid of selfishness, hatred and impatience are produced. It is during the period of studies that thinking process can be moulded to accomplish the academic heights as also perfection in appreciation and application of human values---- after all human mind reflects what is fed to it. "Literary training" as Gandhi Jee pointed out is not 'true education'. Its guiding aim as he says is character building. My reading of Eversion, Ruskin, Mazzina and the Upanishads confirm such a belief. This attitude and approach has thus to be pivotal for an educational institution.

Realising this need of the hour , management of the HESK has undergone a revolutionary change in the recent past. The institutional management committee has been reconstituted giving adequate representation to the state government, university and the teaching staff. The functionaries at the level of the principal and down below have also been equipped with adequate powers, with sufficient scope for transparency, accountability and evaluation. Fixing milestones to reach predetermined goals has been unknown to the college management in the past. This and other scientific managerial procedures have necessarily to be evolved adopted and followed. Hence-forth the College will have its own perspective plans where from annual action plans shall be drawn with inbuilt system of fixing the targets, and working for their accomplishment.

Future developmental plans of the college are categorised as infrastructural and environmental development, academical and co curricular development, and managerial development. The approach to the inclusion of specific programmes into these categories are briefly described as under:-

Infrastructural and environmental development.

These programmes shall include development of campuses, Class rooms, facilities in Labs and Libs apart from providing need based teaching staff.

While deciding inputs for these programmes care has to be taken that every facility provides an environment conducive for studies.

Academic & co-curricular development

Apart from completing the syllabus, stress shall also be on acquainting the students with latest developments in the subjects pursued by them through carefully selected guest faculties. Similarly the present day requirements like those in the field of computerisation and information technology shall also to be met by organising special programmes for the purpose. In this way a beginning shall be made to go in for diversification which is unavoidable now due to changed global scenario of HRD. In order to enable the students to stretch their mental canvass beyond passing of prescribed exam opportunities also have to be created by organising objectively designed special discussions, workshops etc. etc. so that they come out of the College as perfect educated gentlemen and thus well developed citizens. Our students as well as their teachers need knowledge but with knowledge they also need an 'element of passion as Iqbal rightly pointed out. Why because `the object of knowledge gains or loses its objectivity with the rise and fall in the intensity of passion. That is most real to us which stirs up the entire fabric of our personality'

Managerial development

Managerial reforms both in terms of practices and procedures as also the personnel development shall be evolved and adopted. These reforms shall aim at decentralisation of academic, administrative and financial powers to facilitate taking of prompt decisions through simplified procedures. Every such scheme will, however, involve adoption of mechanism for perfect accountability and evaluation. Requirement of HRD of the college has also to be addressed to so that imparting of education becomes more and more qualitative.

Community involvement

We envisage a better community - Society, and, community, college inter-relationship than has ever been in the past. In order to address this grey area we propose to move out into the community with a sense of commitment to revitalize and rejunevate the sagging spirits of many of communitie's young boys and girls dwelling under inhospitable conditions. We have been lacking till now in providing research and extension programmes which are unavoidable essential functions of institutions of higher learning. We shall surely try to fill this gap in years to come, and ensure thereby our involvement in the weal and woe of the community. obviously , it will not be possible to meet all these requirements in one go. The programmes shall have to be taken up in a phased manner describing strategies as also defining the programmes that shall be implemented.

> *"Unless you ... deliberately make it a point to bring knowledge into active manifestation every step, every breath, every moment of your life, your knowledge will ever remain a sterile, unproductive burden upon you and not the valuable, indispensable asset and help it is meant to be. "*
>
> **SWAMI CHIDANANDA**

(Author is President Hindu Education Society and a social activist .)

College Activities

Compiled By : M.K.Koul Naqaib

1.0 Teacher Enrichment Programme : -

A refresher course was conducted on Micro teaching skills and preparation of Micro lesson plans from 16th August, 03 to 20th August 2003. The skills of reinforcement, stimulus variation and set induction were the major focus of attention. A detailed discussion was held on the use of various components of the skills.

2.0 DEMONSTRATION LESSONS (MICRO & MACRO): -

Demonstration lessons covering both Micro and Macro teaching were delivered by the concerned Professors in all the teaching subjects in the college auditorium under the supervision of Prof. B.L..Thusoo.

Micro Teaching demonstration lessons were delivered from 2 1st of August 2003 to 23rd of August 2003.

Macro Teaching demonstration lessons were delivered from 9th September, 2003) to 11 September, 2003.

Each demonstration lesson was followed by question answer session in which the pupil teachers were given an opportunity to seek clarification and get their doubts removed.

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2.1 MODEL LESSONS : -

After the delivery of the demonstration lessons Micro and Macro model lessons were prepared by the concerned professors, which were later on computerized, photo-stated and distributed among students for their guidance. A novel attempt to prepare the lesson plan on the integration of various skills was made by Prof. N.J.Zadoo.

3.0 Teaching Aid Workshop :-

A workshop was conducted under the guidance of Dr.A.K.Sapru on the preparation of teaching aids from 25th of August 2003 to 27th of August 2003. The B.Ed trainees were divided into 18 groups and each group of students was made to work under the effective supervision of its respective group supervisor.

3.01 Material provided by the college for workshop activity :-

Each student was provided with the following material to facilitate him/her for preparing various teaching aids.

1. Duster
2. Pencil
3. Card Board
4. Scale with stencil
5. Sketch pens 5 nos.
6. Ball pens 3 nos.
7. Paper cutter
8. Eraser
9. Chart papers 5 nos
10. Drawing pins
11. Glue
12. Pieces of chalk
13. Rolling Board.

3.02 List of Teaching aids :- (Prepared in work shop)

During the workshop, the students were trained to prepare the following aids.

1. Two-dimensional charts in all teaching subjects.
2. Three-dimensional charts in teaching of Bio-Sciences.
3. Charts in teaching of English, Hindi and Punjabi languages.
4. Teaching machines in teaching of Physical Sciences.

5. Working models in teaching of Physical Sciences.
6. Models made of plaster in teaching of Bio- Sciences and Geography.
7. Political and historical maps in teaching of history.
8. Time line charts
9. Physical maps in teaching of geography.

Some of the aids prepared by the students were used by them, during their Macro teaching, in schools allotted to them. Some of the charts. models and other workshop items prepared by the students are preserved in the audio- visual laboratory for exhibition.

3.3 PREPARATION OF TEACHING AIDS DURING MACRO TEACHING: -

In the first instance the pupil teachers were trained to prepare teaching aids in various school subjects during teaching aid workshop prior to actual Macro teaching in schools. The training facilitated, the students to prepare teaching aids for two content - cum - methodology papers, during actual Macro teaching programme, which lasted for 18 working days.

3.4 MATERIAL PROVIDED FOR LESSON PLANNIN :

Each B.Ed trainee was provided with the following material : -

A) Two registers for preparing Macro lessons in two teaching subjects.

B) One file for preparing two criticism lessons.

C) One register for preparing Micro lessons on 3 skills in two teaching subjects.

4.0 DELIVERY OF MACRO - TEACHING LESSONS

Macro Teaching programme was conducted from 12`h September, 2003 to 6`h October, 2003. The pupil teachers were divided into 18 groups and each group of students was headed by one supervisor. The pupil teachers, during their practice of teaching in their respective schools, were supervised by the concerned heads of the institutions. A certificate of having delivered 30 Macro teaching lessons and two criticism lessons was issued in favour of each student by the concerned head of the institution.

The following schools were selected for conducting practice of teaching with the permission of Director School Education, Jammu.

S.No	Name of the school	Name of the supervisor
1.	Govt. Middle School Guda-Brahmna, Bantalab, Jammu	Dr. A.K.Saproo
2.	Govt. High School Paloura. Jammu.	Prof. Rama Koul
3.	Ankur High School New Plot, Jammu.	Prof. N.J.Zadoo
4.	New Shakti High School, Janipur, Jammu.	Prof. Savita Raina
5.	Vikas AcademyJanipur, Jammu.	Prof. C.L.Kuchroo
6.	Shobha Model Hr. Sec. School, Bantalab, Jammu	Prof. Kusum Tickoo
7.	Govt. Girls Middle School Sarwal Jammu	Prof. P.L..Saraf
8.	Govt. Girls Middle School, Gandhi Nagar Jammu.	Prof. Meenu Khazanchi
9.	Neel Kamal High, School Thather, Raipur, lammu	Prof. Rajinder Thusoo
10.	Govt. Hr. Sec. School, Muthi (Camp), Jammu	Prof. M.K.Koul

S.No	Name of the school	Name of the supervisor
11.	Abhay Public School, Muthi, Jammu	Prof. Arti Durani
12.	Shobha Model High, School Bantalab, Jammu	Prof. Bindu Verma
13.	Ever Green Public High, School Muthi, Jammu	Prof. S.K.Talashi
14.	Govt. Girls Hr. Sec., School Nowabad, Talab Tillo..lammu	Prof. Shyam Pyari
15.	Govt. Girls High School, Gandhi Nagar, Jammu	Dr. Sangeeta
16.	Govt. Boys Middle, School Gandhi Nagar Jammu	Prof. Shakuntala koul
17.	Govt. Hr. Sec., School Purkhoo (Carnp) Jammu	Prof. Arvind Bhat
18.	Govt. Girls Hr. Sec. School. Shastri Nagar. Jammu	Prof. Bhagat Sirlgh

4.01 Delivery of Micro -teaching lessons :

The micro-teaching lessons were delivered by the students from 28 th August 03 to 8 th Sep 03. The students were divided into small groups to facilitate to deliver their micro-lessons effectively under the supervision of their supervisors.

5.0 INTERNSHIP: -

Internship was completed by the pupil teachers in the schools, which were allotted to them for Macro teaching. All the areas of internship as suggested by the University, were given due cognizance. The students were enabled to gain mastery of skills required for maintaining and preparing the following components:-

A) School records like admission, Attendance and examination.

B) Attending and organizing morning assembly.

C) Attending the Staff meetings.

D) Preparing a school time table.

E) Observing 3 lessons delivered by the school teacher and preparing a report.

The duration of internship was six working days.

The evaluation of the internship components was made jointly by the concerned head of the institute and the supervisor from college staff.

6.0 HOUSE TESTS :

TEST - I

For Evaluating the performance of students in the first four foundation papers, optional and teaching subjects, the first test was conducted from 18th of October, 03 to 31st of October, 03 according to the University pattern. The duration of the time for each paper in the test was three hours and the students were asked to attempt 5 questions in each paper.

TEST - II

On the basis of the feedback received after evaluating the answer papers in the first test, the college felt the need for arranging another house test for enabling the students to improve their performance. The second test is scheduled to be conducted from 17th Nov. 03 to 25th Nov. 03 according to the University pattern.

7.0 EXTENSION LECTURES :

Prof. M.K.Naqib delivered two extension lectures on 16th & 18th August 03 on three Micro teaching skills ; viz the skill of reinforcement, the skill of set induction and the skill of stimulus variation. Various components of the said skills were exhaustively discussed. The discussion was followed by two lectures delivered by Prof. B.L.Thusoo and Dr. A.K.Saproo on the importance of Micro teaching and the skill of reinforcement respectively.

8.0 TEACHERS DAY :

The Teachers Day was celebrated on the 5th of September, 2003. The Students and the teaching staff of the college vigorously participated in it. The speakers highlighted the contribution of Dr. Radha Krishnan towards metaphysics and his suggestions for becoming an ideal teacher in a society. Among the audience, Mr. A.K.Deewani President HESK and Dr. K.B.Kachroo Member Education HESK, highlighted the role of teachers in transforming the traditional Society into a modernized one. The teachers day was finally concluded by Dr. A.K.Saproo.

9.0 DEBATE :

A debate was held in college auditorium on 26th of April 03. The topic of debate was " MALE CHAUVINISM IS HINDRANCE IN THE WAY OF WOMAN'S EMANCIPATION". The programme was compered by Mr. Sanjeev and Miss Sandhu, the students of the college. The debate was inaugurated and closed by Prof. Rama Koul In-charge cultural activity programmes.

10.0 CULTURAL / Co - CURRICULAR ACTIVITIES :

29th March 03

A cultural Programme compered by Miss Sheetal Dhawari was organized in the college hall in which the students belonging to different states highlighted the cultural ethos of their respectives states through songs, dances and skits.

05 April 03

A skit on Adult education was played by the college students under the direction of Mr. Bhajrang in the college auditorium. The theme of the skit was appreciated and applauded by the audience.

12 April 03

A skit on illiteracy was played by the students under the direction of Mr. Bhajrang in the college auditorium. The theme of the skit was appreciated and applauded by the audience.

19 April 03

The seminar was conducted and compered by Miss Sapna and Mr. Gautam. The topic of the seminar was "The role of politicians in building a society".

26 April 03

A debate was held. The theme of the debate was "Male Chauvinism Is A Hinderance To The Emancipation Of Women".

03 May 03

A seminar was conducted in the college for in which the students were persuaded to have a discussion on "Illiteracy is the root cause of economic backwardness".

10 May 03

The student performed a short drama, the theme of which was "Mera Kaiya Kasoor". The drama was organised by Mr. Gautam & Miss Rashmi Sharma.

17 May 03

A seminar was conducted. The student were asked to speak and express their views on "Role of teachers in building a Secular Society".

24 May 03

A cultural programme was conducted in which 13 students participated. The items of the programme were reciting of poems and singing of national songs. The programme was compered by Mr. Deep and Miss Renu.

31 May 03

The students presented Punjabi, Haryanvi and Rajasthani songs. The punjabi songs thrilled the audience.

19 July 03

A show was presented by the students under the directions of Mr. Bajrang. The theme of the show was "Unity is diversity".

2 August 03

A debate was conducted in which the students were asked to speak either against or in favour of the proposition "Present day education is alone responsible for degradation of moral values in society.

09 August 03

A seminar was held in the college auditorium in which the participation of the students was found satisfactory. The topic of discussion was "Education is an instrument of social change".

11 October 03

A show was presented on the ideals of Gandhi Ji The Father Of Nation. How the nation is ignoring the importance of Gandian Ideals, was the main focus of attention during the programme.

01 November 03

A debate was conducted by Prof. Rama Kaul Incharge cultural activities. The topic of debate was "Teacher alone is the Architect of society" The students spoke in favour and against the proposition. The performance of Gautaum, Vinod and Nisha was found satisfactory.

11.0 SPORTS ACTIVITIES :

Sports are a part of college Curriculum. The students are free to organise and conduct sports activities under the supervision of Prof. Arti Durani In-charge sports activities.

The following games were arranged in which the students actively participated.

S.No.	DATE	SPORTS
01	05-04-03	Kho-Kho Match
02	12-04-03	Cricket Match
03	19-04-03	Kho-Kho Match
04	03-05-03	Badminton Match
05	10-05-03	Volley Ball Match
06	17-05-03	Kho-Kho & Volley Ball Match
07	31-05-03	Badminton Match
08	19-07-03	Kabadi & Kho Kho Match
09	02-08-03	Badminton & Kabadi Match
10	09-08-03	Cricket Match

ACHARYA ABHINAVGUPTA SAMMAN & COLLEGE GOLDEN JUBILEE

Hindu Education Society Kashmir instituted 'Abhinavgupta Samman' to felicitate Kashmiri pandits who have or are making valuable contribution for human development at the national and global levels. The Samman shall be given after every twi years. The first 'Acharya Abhinavgupta Samman' was organised and awarded at Abhinav Theater Jammu on the 30th of January 2003 when Gandhi Memorial College of Education was celebrating its Golden Jubilee.

Name after Abhinavgupta, a mainstream thinker of the encyclopedic dimensions who lived in the 19th century, the award was a recognition of the commendable work done for the welfare of the society in general and community in particular. Those who received the awards were Lt. Justice Jia Lal Kilam (Posthumously) who raised his voice against the autocratic rule of the princes of the Indian States in 1920; Lt. Pt. Shiv Narayan Fotedar (Posthumously) a doyen of Kashmiri Pandit Community, Chairman Legislative Council of J&K State and the founder member of Hindu Education Society Kashmir ; Maharaj Krishan Kaw who retired as Secretary Education Govt. Of India in 2001 ; Pt. A.N. Dhar, Ex. Resident Editor of Indian Express and Editor - in - Chief of National herald ; Padam Shri Pushkar Bhan Producer Director and Play Wright to Doordarshan and Radio Kashmir, Dr. Ashok Hanjura, Dy. Director at National Physical Laboratory New Delhi, Dr. R.N.K. Bamezai Professor of Human Genetics Centre at Jawahar Lal Nehru University ; Pt. Gokul Dembi a talented veteran artist in graphic designs and portrait paintings ; Dr. Vimarsh Raina working as consultant in the Deptt. Of Blood transfusion Apollo Hospital New Delhi.

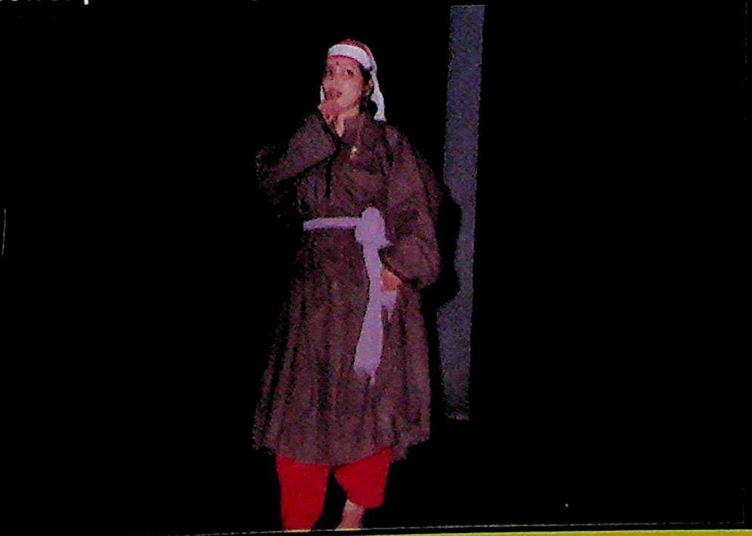
The Chief Minister of J&K State Sh. Mufti Mohammad Sayeed who was the chief guest, expressed that it was shameful for all of us that minuscule minority of Kashmiri Pandits had to leave their homes and hearts from the same land which give 'ray of hope' to the father of the nation during the communal holocaust that gripped the sub-continent in the wake of partition. He said, "wherever i go in the Kashmir, I feel that the valley is missing the ethnic diversity that used to exist before the exodus took place".

Sh. Soumpal was the guest of honour on the occasion. He recalled Mahatma's views regarding education and said, "Education should release the man kind of its bonds of ignorance, of weaknesses, whether mental, physical or spiritual". He, while describing the glorious past of the valley also recalled the luminous role played by the Kashmiri Pandits in making Kashmir a place of pride with a distinct civilization commonly known as Kashmiriyat which believes in and propagates fellow feelings with fundamentals of democratic traditions.

The Deputy Chief minister of the sate Sh. Mangat Ram in his speech called upon the educationists to join hands for formulating a strategy that benefits all rather than exceptionally a few. Imparting Education should be a mission and not a commerce.

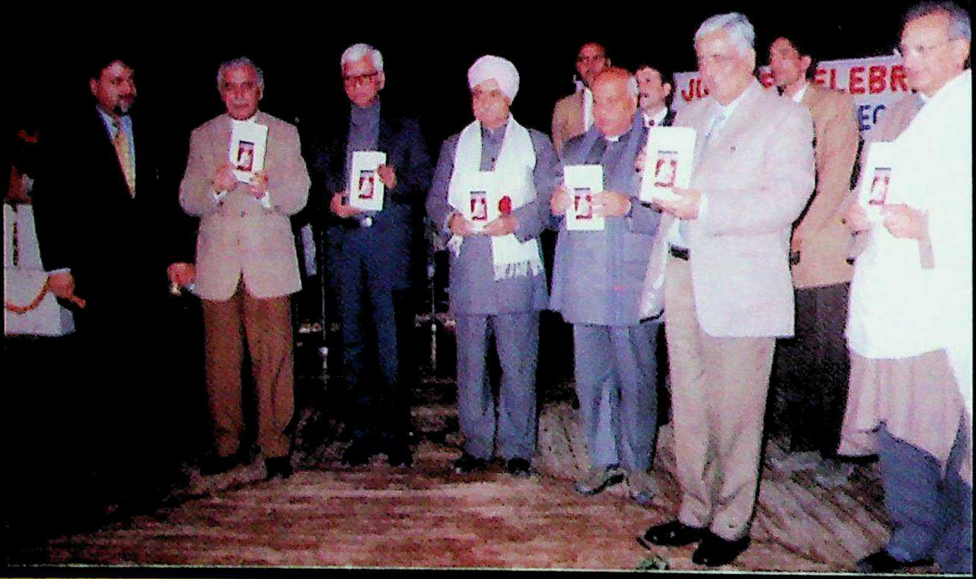
Dy. Chief Minister Addressing The Audience At Abhinav Theatre .

The Golden Jubilee function was performed by the College. It was , at the same time , a tribute to the father of the Nation Mahatma Gandhi. Apart from reciting Mahatma's favourite Bhajans , artist also presented various cultural and dance items depicting the mental turmoil experienced by migrant community in exodus.

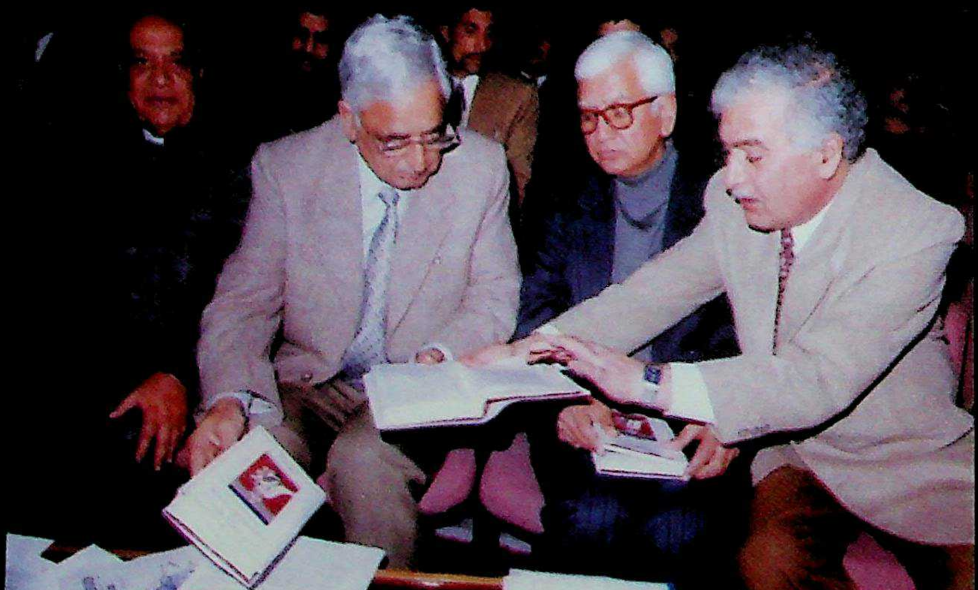


A Budding Kashmiri Artist Giving Stage Performance In Traditional Kashmiri Pandit Lady Dress.

The Chief Minister , besides , presenting Acharya Abhinavgupta Samman to the distinguished personalities released on updated addition of a book " History of Kashmiri Pandits" written by Late Justice Jia Lal Kilam.

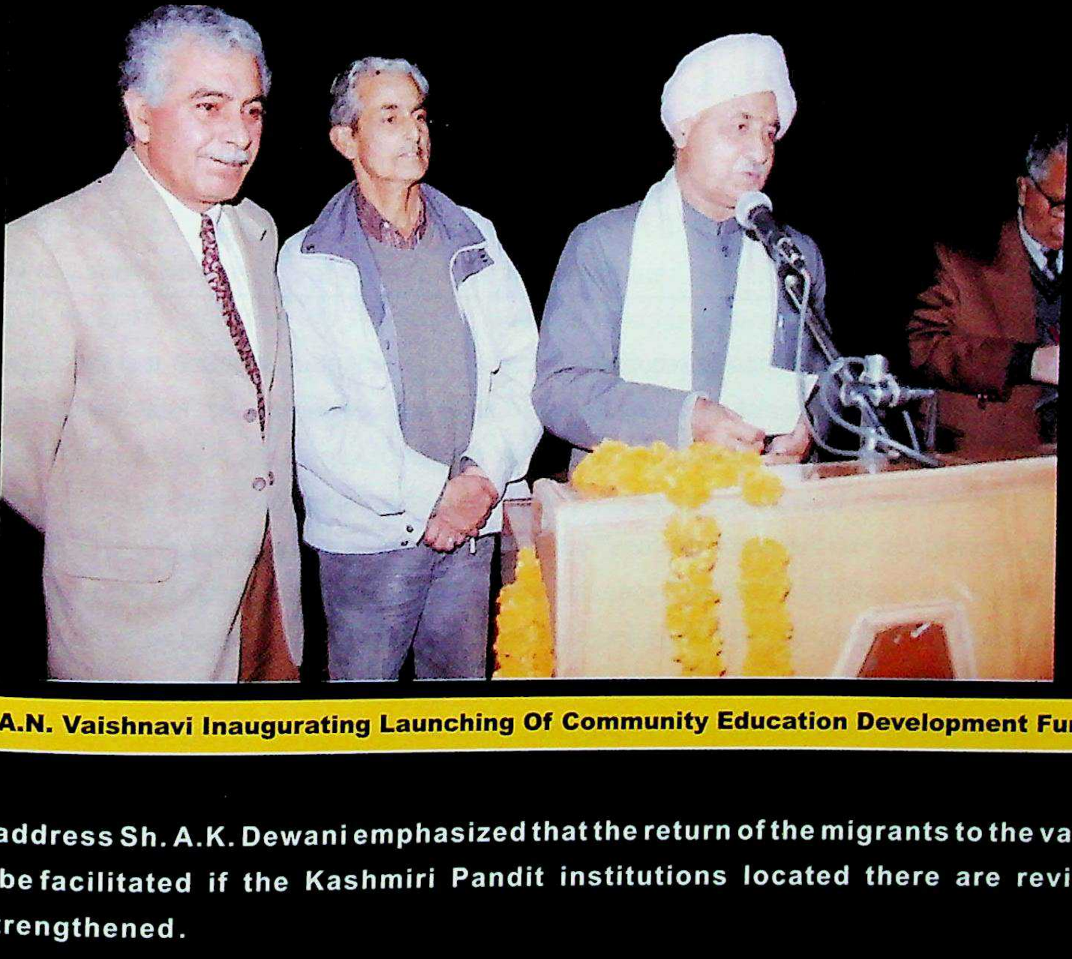


Releasing Of The New Edition Of The Book " History Of The Kashmiri Pandits" By Lt. Justice Sh. J.I. Kilam



President Sh. A.K. Dewani Explaining The Contents Of The Book "History Of K.P's To C.M. Sh. Mufti Mohammad Sayeed & Sh. Soumpal.

The Society Instituted Community Education Development Fund . Sh. A.K. Dewani President HESK emphasized that the fund launched by the society aims at making the future generation of the community stand upon its own feet . Appreciating the idea of Community involvement in the field of education , the Chief minister of the state of kind enough to contribute an amount of five lakh rupees for this noble cause . Others presented in the audience also came forward and contributed around sixty thousand rupees to the fund which were handed over to Prof. O.N. Chrangoo by Pt. Ambar Nath Vaishnavi during the function.



Pt. A.N. Vaishnavi Inaugurating Launching Of Community Education Development Fund

In his address Sh. A.K. Dewani emphasized that the return of the migrants to the valley could be facilitated if the Kashmiri Pandit institutions located there are revived and strengthened.

Sh. Anil Dhar , Secretary HESK while welcoming the guests on the occasion reiterated society's resolve to achieve the goals of imparting quality based education to the people in the state of J&K.

Compiled by: M.K.K Naqaib

William Wordsworth As An Educational Philosopher

Prof: Kanhaya Lal Moza

Philosophy is a speculative science which seeks answers to variegated abstruse questions perpetually taxing human mind. This mother of all intellectual disciplines has discovered irrefutable definite answers to innumerable problems so far creating thereby a vast corpus of knowledge which forms the content of different modern social, biological and physical science. Philosophy today concerns itself with the speculative investigation of the problems for which no definite answers have been arrived at so far. The number of such problems is infinite and hence the scope of philosophy continues being very vast. For its systematic study philosophy, like its closely flanking disciplines History and Literature, is divided into three parts: ancient, medieval and modern. Ancient philosophy concerned itself mostly with those problems and answers which today form the content of different physical, social and biological sciences; medieval philosophy is dominated by the ontological investigation of the existence of God and the primary and fundamental concern of modern philosophy has been speculative investigation of epistemological questions and problems. The vast corpus of intellectual enquiry called philosophy is divisible into four distinct areas: Metaphysics, Ethics, Epistemology and Logic. Metaphysics is further subdivisible into ontology and cosmology.

Right through ancient medieval and modern times Modern times brilliant human minds have been universally taxed by the question: What is education? Since no definite answer to this problem has been arrived at so far, this problem continues being a problem of philosophy.

William Wordsworth, one of the great benefactors of mankind was obsessed with several philosophical problems. He utilized most of his poetic art as an instrument for making numerous philosophical concepts easily understandable to common readers and therefore he is called a philosophical poet by universal consent. With William Wordsworth Philosophical thrust is pronounced and prominent. This does no hold true about other Romantics: Coleridge, Byron, Shelley and Keats whose poetry is dominated mostly by pure artistic concerns. Coleridge's Biographial Literaria no doubt, is a bold venture into the field of Philosophy. But the concerns of this prose work lie outside the realm of Education.

William Wordsworth strikingly confronts us as an educational philosopher in his ode on intimations of immortality lines composed a few miles above Tintecn Abbey, Education of Nature, Written in Early Spring, By the Sea and Tables Turned.

According to the Book of Genesis, the firs book in The Old Testament, God imparted form to chaos and thereafter created terrestrial life of variegated kinds. He created man in his own image and quartered him in Eden, a delightful spot on the earth. He instructed Adam against eating the fruit of the Tree of Knowledge and the Tree of life. Pitying his loneliness God pulled out a rib of sleeping Adam and transformed it into Eve. Thereafter innocent Adam and Eve lived in Eden in naked glory. As serpent, the most crafty of all creatures, tempted Adam and Eve into committing the sin of Transgression by eating the fruit of the Tree of Knowledge, God drove the dearest of His creations out of Eden. Deprived of God's unstinted bounties Adam and Eve begot two sons Cain and Abel; the former killed the latter in a fit of uncontrollable rage. Thus Cain became the first murderer Adam and Eve lived a life of several centuries. They begot lots of more children. The earth thus get peoples with the offspring of sinful parents.

This is a brief reproduction of the story which in the biblical lore is called The Story of the Fall of Man or the Story of the original sin. The same idea is again projected in The Book of Jeremiah, the twenty fourth book in The Old Testament John Milton, one of the great English literary craftsmen, transcreates this Hebrew material on an epic scale in his The Paradise Lost.

This Story has exercised a profound influence over the global educational theory and practice. Over several centuries it justified corporal punishment and other hard pedagogical practices. Dr. Arnold of Rugby an eminent Victorian educationist, freely justified spanking, bastinade and such other forms of corporal punishment on the basis of the essentially sinful origin of his young pupils.

Though born in a devout Christian household William Wordsworth stoutly challenges the validity of The Story of the Fall of Man. The enlightened Victorian society was fascinated by his ideas. In his Ode on Intimations of Immortality, he emphasizes divine origin of man. Wordsworth conceives God as a vast spiritual entity. Each embodied soul is a tiny fragment gone astray. Death ensures reunion of the strayed spiritual fragment with its origin God. According to the poet a baby commands a clear prospect of the spiritual ocean which has wafted him into the world. As the baby grows older and older he gets farther and farther away from his divinity. Consequently his perception of the universal immanence of God becomes hazier and hazier. Ode on Intimations of Immortality opens with the lines.

There was a time when meadows grove and stream.
The earth and every common sight,
To me did seem
Apparrelled in celestial light,
The glory and the freshness of a dream.
It is not new as it hath been of yore;
Turn wheresoever I may By Night or Day.

The things which I have seen I now can see no more. Standing in a meadow with a coronal on his head the poet participates in the vernal festivities celebrated by shouting shepherd swains.Amidst the jubilant ambience he is reminded of the essentially divine origin of man. The great Romantic bursts out;

Our birth is but a sleep and a forgetting
The soul that rises with us our life star
Hath had elsewhere its setting
And cometh from afar ;
Not in entire forgetfulness
And not in utter nakedness
But trailing clouds of glory do we come
From God who is our home
Heaven lies about us in our infancy.

William Wordsworth is not an Emersonian transcendentalist nor does he subscribe to Pythagorean metapsychosis. He is intuitively convinced that each individual soul is a part and parcel of God. A Child constantly enjoys glorious prospects of his divine origin:

Thou whose exterior semblance doth belie

Thy souls immensity ;

Thou best philosopher who yet dost keep

Thy heritage thou eye among the blind

That deaf and silent readers the eternal deep

Haunted for ever by the eternal mind,

Mighty prophet ! Seer blest !

The same idea is again projected in the beautiful short lyric By the Sea.

Dear child! dear girl! that walkest with me here
If thou appear untouched by solemn thought
Thy nature is, not therefore less divine :
Thou liest in Abrahams bosom all the year
And worshippers at the Temples inner shrine
God being with thee when we know it not

William Wordsworth's bold claim to the essential divinity of man, though heretical in the conservative Catholic sense, eradicated the inveterate prejudices fostered by The Story of the Fall of Man. He utilized his poetic art as an effective medium for persuading his contemporary educationist into the realization that it is blasphemous to be harsh towards a youngster, a radiant manifestation of God. This made the discipline in educational institutions less harsh and more effective. Wordsworth's ideas, communicated through melodious verse, quickened sympathy in the hearts of readers towards young learners in educational institutions administered by crutches-wielding brutal, headmasters like Mr. Crackle whom Charles Dickens portrays in his David I Copperfield. More than any other thinker in the modern world William Wordsworth revolutionized the educational thought in the second half of the eighteenth and the first half of the nineteenth century.

William Wordsworth is convinced that Nature is the greatest moral teacher of man. A constant interaction with Nature contributes towards the development of sound psycho-physical health. This intense feeling is strikingly objectified in Education of Nature, one of his ingratiating LUCY POEMs. Lucy episodes are the objective correlative which objectify the great philosopher poet's conviction that soothing sylvan surroundings always exercise a salubrious influence upon the psychophysical development of an individual. From Education of Nature we learn that Lucy grows up to maiden-hood amidst soothing sylvan surroundings. She is lovelier than any flower adorning the terrestrial surface. Lucy's behaviour is actuated by natural laws and impulses. In the lap of Nature God directs her steps along desirable moral course and prevents her from indulgence into any kind of evil. She is sportive like a fawn that wild with glee springs up the mountains and across motley lawns. Living in close proximity to mute insensate objects she develops wonderful emotional calm. In her woodland saunters Lucy is canopied by clouds floating high up on the azure firmament. She is offered balmy shade by bending willows. The educator Nature fosters in her faith in divine benedictions. She discerns grace even in boisterous ramblings of tempestuous clouds she enjoys panoramic prospects of midnight skies studded with starry gems. She enjoys music produced by rivulets dancing wayward rounds. Cherishing constantly vital feelings of delight Lucy Gains stately height and her virgin bosom swells. The lyrical ballad objectifies the great Romantic's conviction that Nature showers unstinted bounties upon an individual living in close contact with her..

In LINES COMPOSED a few miles above TINTERN ABBEY William Wordsworth emphasizes the role of beauteous aspects of Nature in the spiritual upliftment and enlightenment of an individual. Resting under a dark sycamore on a bank of sylvan wye a few miles above Tintern Abbey, the poet, shaking off gross physical passions, becomes a living soul. Here tall and lofty rocks impress upon the wild secluded scene thoughts of more deep seclusion and connect the landscape with the quiet of the sky

For the poet Nature is instinct with life; the hedgerows which he sees are not hedgerows but little lines of sportive wood run wild. The squalor of congested metropolitan cities haunts the poet's mind like a nightmare. He rushes towards sylvan surroundings more like a man running away from a thing he dreads than the one finding the thing he sought. He finds in Nature the anchor of his purest thoughts. In TABLE TURNED the poet predicates ;

One impulse from a vernal wood

May teach you more of man;

Of moral evil and of good

Than all the sages can.

William Wordsworth emphatically believes that Education should inculcate among young learners the ideal of plain living and high thinking. It should help them to soar and not to roam. He was horrified by the moral degeneration inevitably concomitant with indiscriminate industrialization.

Written in early spring he says:

To her fair works did Nature link
The human soul that through me ran,
And much it grieved my heart to think
What man has made of man
If this belief from heaven be sent;
If such be Nature's holy plan,
Have I not reason to lament
What man has made of man.

Modern man is an inveterate worshipper of Mammon. Goaded by the lust for accumulating unlimited material wealth, he is indiscriminately establishing gigantic industrial production units. This has resulted in, perhaps, an irreversible decentralization of rural economy. Alongside with vast metropolitan cities there is constant growth of ugly and squalid industrial slums. Migration of labour from salubrious rural areas to employment generating urban centres is a common phenomenon. This modern trend in the development of global civilization is strikingly accompanied by the corruption of moral values. William Words Worth objectifies this intensely painful feeling in his MICHAEL. Rejection of idealistic verities and Values loading to the rejection of responsible sexual behaviour is a conspicuous feature of metropolitan culture. Sexual promiscuity is the order of the day. There is no faithfulness to wedlock as emphasized by all great religions of the world. Man's divinity as emphasized by William Wordsworth has degenerated into bestial libertinism. This has led to the menacing growth of AIDS virus. Man is now convinced that geometrical progression of AIDS virus can result in complete extirpation of a sizeable percentage of human and other living species. Global efforts for the extermination of this virus are afoot today. But instead of attempting to eradicate the causes of the malady we seek cures for it symptoms. In our curative zeal we consciously and deliberately expose youngsters to immoral sex-stimulants. Instead of inculcating sex sublimation, AIDS AWARENESS programme are so designed that they contribute towards sex-stimulation. Impressing upon people through various electronic and other media the necessity for assiduous control over animal instincts and drives is the dire need of the day.

Gandhi Ji, the father of the Indian nation, was convinced that idealistic orientation of society is not possible through intensive legislation. It is realization only through sublime channelization of gross animal instincts by education. In the same manner AIDS cannot be controlled through the dissemination of pre mature sex - stimulating information. It can be eradicated by inculcating temperance through both formal and informal agencies of education .

As William Words Worth emphatically points out education should help people to purge their immoral sex propensities through frequent temperating interaction with primordial nature.

> ***Know how to listen , and you will profit even from those who talk badly .***
>
> PLUTARCH

SCHOOL BAGS

A Torture To Tiny Tots

Prof : Sunil Tikoo

In the early morning everyone experiences the scene of school going children coming out from their homes with a heavy school bag on their backs and a water bottle in hand. These children assemble at their respective bus stops and wait for their school buses. In case of young children, it is their parents who carry the bag and the water bottle to the bus stop. After remaining away for 7-8 hours, these children on their return have to complete the home work assigned and also at the same time prepare themselves for cycle tests, term tests, unit tests, etc.

Here the question arises as to why it is essential to load the children with such a heavy bag - heavy curriculum. Though we all do express our concern in this respect but practically we all- parents, teachers, managers- all contribute to the ever increasing weight of school bags. We all are keen to load our children with maximum possible knowledge/information thus leading to unbalanced development of children.

The present system which is academic centric devotes most of the time about 95% on academic purposes and only 5% on other activities. This over-loads the students with academic activities and they are left with no time for other activities. The situation is further aggravated with fast vanishing facilities for physical activities in the urban areas. This adversely affects the balanced development of children. Such a system totally disregards the child's aptitudes, tendencies & aspirations. It does not provide for the physical, moral and cultural growth of the children and does not prepare them for social service and leadership. At the end of school life they are taken by surprise by the realities of life.

In such a setup physical development of the child, thus, received a serious set back owing to total lack of opportunities for physical exertions. The aim of education advocated by philosophers as producing fully developed human beings - fully developed in respect of physical, mental and spiritual faculties- has remained only on books. The present socio-political condition of the Indian society clearly exhibits that the present educational system has failed to build a happy, prosperous and disciplined society. The Indian society stands presently fragmented on the basis of caste, religion and region and large scale corruption has entered almost every sphere of life. Thus children are to be provided with such education which leads to the development of a perfect human being which in turn will lead to the development of a perfect society. This necessitates a curriculum which lays equal emphasis on academic, physical and moral education.

The above problem has been identified in the "National Policy on Education 1986" in chapter XIX. The policy document clearly advocates the inclusion of physical education in the curriculum as also its evaluation for promotion to higher classes. The chief recommendations of the policy on the subject are.

(I) Minimum of 10 periods per week for physical activities for lower primary stage.

(ii) Minimum of one period per day for upper primary stage and secondary stage.

(iii) Besides sports, participation in other organised activities related to physical education such as scouting and guiding, adventure activities should be made compulsory for higher secondary stage;

(iv) A minimum of one acre of land for lower primary school should be provided for use as playground;

(v) A minimum of 2.5 acre of land for upper primary school.

(vi) It should be mandatory for all secondary and senior secondary schools to have a playground according to prescribed norms before they are granted recognition by the appropriate state/central authorities.

(vii) The following minimum amounts p.a. should be provided for institutions at various levels :-

A) Lower primary schools Rs.1000/- p.a.
B) Upper primary schools Rs.5000/p.a.
C) Secondary/senior secondary schools 15000 p.a.

Even after fifteen years the above recommendations have not yet been implemented. If one studies the condition of various private schools in Jammu city, one finds that the basic requirements in respect of physical education is lacking both in terms of regular organised physical activities as well as the existence of physical facilities. Most of these schools have been setup / upgraded during this period of fifteen years. Though some schools boast of providing physical education, but it is confined to some limited periods of the year for exhibiting it to public on their annual day function. This aspect of education gets restricted to advertisements, prospectus and annual day functions. Even the prestigious schools of the city are reluctant to include organised physical activities round the year in their curriculum.

This situation warrants a complete revamping of our mind with respect to education. We all do advocate all round development of children and emphasize it in our expressions but forget the same when it comes to practice. Those who boast of having it in their institutions use it as a business promotion means as education in the private sector these days is pursued on purely commercial terms.

> *The aim of education is neither national efficiency nor world solidarity, but making the individual feel that he has within himself something deeper than intellect, call it spirit if you like.*
>
> Dr. S. Radhakrishanan

Examination Reforms

Prof.G.L. Koul

Our educational system has got stuck up in a vice - like grip of political adhocism falling standards, mass copying and lop sided universalization. We adopt an adhoc approach to the problem, trying to solve the problem of the day and not restructuring the whole edifice. We had commission after commission, headed by persons of eminence, all suggesting ways and means to lift our system out of the miasma of stagnation and decay; may I ask why commission after commission? Does it mean that each earlier commission was found lacking in the right approach and consequently each commission needed a new one to pick up the threads? And who decides about the commissions anyway? The answer clearly is the political leadership of the country. We don't have the political and national will to adopt a uniform robust, scientific and realistic policy of education and examinations.

We have been ever experimenting since 1947 and to day a whole half century later we are still rummaging through a plethora of expert opinions as to what ails us. We don't stick to any single plan and the result is that we have not definite, uniform, infallible system to work with. We have an examination system that has been wrapped, distorted and disfigured into a shapeless exercise. There have always been and will always be isolated cases of unfair means in any examination and in any country, but the new monster of mass copying strides our educational system like an evil spectre. The disgusting thing about mass - copying is that it is a product of the connivance of teachers, administrators, the ,supervising, staff , the law and order agencies, the parent and the common man. It is a rampant malady afflicting our society and no serious attempt is made to stamp out this menace. This is in addition to leakage of

Question papers, awarding marks to favourites, swapping answer sheets and so on

What is wrong with examination system?

Our examination system is maligned, abused, and condemned as useless. This is partly because there is mass copying, and partly because it is felt that our present external system of examination does not judge the real worth of a student; It only judges his cramming ability. The external type of examination, it is truly felt, cannot judge and assess a student's initiative, quickness of judgement, habit of systematic work, presence of mind, his creativity and a whole range of other qualities. Consequently attempts were made to replace the existing system of examination! altogether, but all that has been achieved, is that we have neither displaced the old system nor succeeded in creating a new one.

Why-examinations ?

But at the same time we must realize that the examinations are essential in the educational system. 1t may be a good hobby horse to shoot holes in the system but we cannot do away with the need of an examination. I nfact life is full of examinations, assessment, evaluation. To quote Mascarehhas "Almost every human choice results from evaluation of some sort quite often, the purpose of testing is to understand some one better be it a child at school, a patient in hospital, a youth planning his career, an applicant for a job, an employee being considered for a promotion, a soldier being classified for special training."

Examinations, therefore we must admit are at the heart of the academic process. I am very honestly convinced that the problem is not of examinations; the problem is of effective teaching and effective learning since our teaching and learning processes are unreliable and ineffective; our examinations too have become so.

What do we examine?

Naturally we examine what the student has been taught and what he has learnt. If what the student has been taught is lop -sided and what he has leant is sketchy and ineffectual, the evaluation or testing or examination is going to be difficult, inconvenient and frightening_ If on the other hand education at the school level and then logically at the college level has been given in the right manner under right leadership in right surroundings of freedom and noninterference, then examination will be sought with regard for the labours undergone.

Any reform in the testing system will be meaningless without reforms in the teaching learning scene. The present system resulte only in filling a stoelents head with some one else's answers to some on' else's question. All that the student has to do is collect previous questions papers and cram their answers but the answers must be of a venerable age as mostly the examiners like answers which they think are right and which they have been expecting over the years. This kills the child or the students curiosity and destroys the natural love for learning which every child has. Examination becomes a memory - test, learning becomes a cramming exercise, teaching becomes a tyranny.

What should be done?

Since an anonymous examiner does not know the child he is not properly equipped to size up a thing that is unknown. He marks a 15 - 20 minute evaluation of the answer sheet and often the mere mechanicality of evaluation bores the examiner. He yawns, Stretches and then again runs through the answer. Such an evaluation is, to say the least a traversity of knowledge. On the other hand, it is the teacher on spot who knows the child, his strength and weakness, his level of understanding his reflexes , his responses, his Initiatives. It is this teacher, the omni -present friend and helper, who is the best qualified to test or assess the child's achievements. It is this teacher who draws out the best in the child, not some body's borrowed best from a note-book, but the best that comes from originality and creativity. I would say that the anonymous examiner and the paper-setter should be kept as far away from the institution as possible.

We have such examiners at 10th & 12th levels and at degree levels. For all other levels in J&K State from 1-11. We have done away with the external examiner. We should do it at the 10th,12th levels too. Instead we should have a system of continuous assessment of the child, covering all aspects of learning, and this assessment has to be properly recorded and discussed with the parents. Ideally the assessment should be monthly and at the end of the course or term, the institution at teachers behest should issue a certificate of completion of the course without degrading and demoralizing tags of grades, marks and such other things.

The 12th level will naturally be the branching off stage when the student decides to go for the line of his choice. At that stage, of course, an external test or examination is necessary for admission to fields like medicine, engineering, law, accountancy, commerce etc. Even for such students who opt for early service and livelihood, an examination by the employer becomes a must. However, such examinations will not have the horror and awe that is associated with regular yearly rituals of external examinations. Twelve years of intimate association with the proper learning atmosphere will enable the competing aspirants to use their learning in copying with the examinations. Naturally only the best will come out and only the best should come out.

However, the problem is to be addressed in the context of immediate, short term reforms in the examination system, pending the realization (if at all) of the long term goals.

To begin with continuous internal assessment should be given due place in the over all evaluation of the academic and other performance of the student. A mere 15-20 minute evaluation by an anonymous examiner should not be allowed to determine the destiny of a student, happily or unhappily ever after. Thus, in my view the external system should be replaced by the continuous internal assessment. This involves directly teachers concerned and to make the assessment genuine. Satisfactory and credible, the teachers concerned have to be given proper training in continuous evaluation. People may object that internal assessment will breed favoritism and nepotism, but I am inclined to believe that such an attitude is typical of official and administrative culture of spontaneous mistrust of people outside the pale. May I ask why recruit at all people whom they mistrust !

SUGGESTIONS

(i) The continuous internal assessment should be given 50 p.c. weightage, with the assessment based on a variety of performances like quizzes, mock election with party manifestoes (as is done by International Alert London), punctuality, scholastic attitude---- and so on.

(ii) 50 p.c. weightage should be given to external examination at the end of the term. The question papers should contain 50% objective type questions that can be computer-evaluated in order to eliminate human error, the rest should include the long answer questions requiring 150-200 words, to the extent of 25% and short answer questions requiring 20-30 words to the extent of another 25%.

The papers should be returned to the students with the evaluators award so that transparency can be established.

(iii) The question paper should cover all the units in such a way that each unit will have to be attempted by the student with internal choice. This will do away with the selective attitude of the students towards the course content. The present trend of do any 5 out of 10 should be done away with.

(iv) Answer scripts at the end-of-term examination should be assessed by at least two examiners, if three would be over burdening the system, and the average of the two awards be awarded to the script. To maintain anonymity of the examiner, the answer-script should have the title page divided and perforated into 3 identical parts, the right hand part for the first examiner and to be torn off before the script goes to the 2nd examiner and so on. Of course, no marks should be noted in the inside.

(v) The pass certificate issued to the student by the concerned agency should clearly mention the internal and the external awards.

(vi) Distribution of question papers and the seating arrangement in a centre should be on the pattern obtaining in various public service examination and bank examinations etc. This system guarantees against use of unfair means and copying from other students inside the hall.

To sum up, the problem of examinations is bound up with the whole system of evaluation and what we need is a total revamping of the system with clarity of purpose that has been missing so far. In fact our educational system suffers from a crisis of purpose. To quote Kothari Commission Report: what is needed is a revolution in education which in turn will set in motion the much desired social economic and cultural revolution. This was true 31 years back; It is even true today. Along with a clarity of purpose we must have a will to change, a will that has been lacking to-date. And further, politician and officialdom must give up indulging in inventing useless and destabilizing reforms and pandering to local politics, and leave education to educationists alone.

Spritual Quotient Leverages IQ And EQ

Prof. Arun Dhar

Solving logical or strategic problems involves the use of rational intelligence. Psychologists who devised tests to measure rational intelligence termed their measure as "Intelligence Quotient(IQ)" their hypothesis being The higher the IQ, more is the rational Intelligence. Initially the IQ included only verbal, mathematical and logical capabilities. Howard Gardner's 1983 book "Frames of Mind" refuted the narrow IQ view and extended the concept to include spatial capacity, physical fluidity, musical capability, inter - personal intelligence, Intra-personal intelligence etc. The operative ward in his view of intelligence was multiple while the utility of IQ in identifying potential performers is not disputed, according to renowned psychologists. 1Q contributes only about 20 percent to the factors that determine life success which leaves 80% to other forces. As Gardner in one of his articles observes, "One's ultimate niche in society is determined largely by non-IQ factors, ranging from social class to luck".

!n mid- 1990s, Daniel Goleman popularized the "Emotional Quotient (EQ)"---- a degree of emotional intelligence, awareness of one's own and other people's feelings such as empathy, compassion, motivation and ability to respond to pain or pleasure appropriately. His basic hypothesis was that for an effective use of IQ, EQ is a necessity. He writes, "In a sense we have two brains, two minds and two different kinds of intelligence, rational and emotional. How we do in life is determined by both- it is not just IQ, but emotional intelligence that matters".

The millennium contribution in the area of intelligence was from Danah Zohar and Ian Marshall who coined the term "SQ" for "Spiritual Quotient". They argue that SO is the basic foundation for an effective use of EQ and IQ. They also refer to it as the soul's intelligence.

While rational, logical thinking gives one's IQ, and the associated habit bound, pattern recognizing emotive thinking gives one the EQ, the creative, insightful, rule-making, rule breaking thinking with which we reframe and transform our previous thinking gives one the SQ. On a scientific plane the brain's serially connected neural tracts, and neural networks, are associated with the IQ and EQ respectively. Singer's work on the unifying neural oscillation offers the first evidence of SQ. Just as the whole can be greater than the sum of its :)arts, SQ allows one to add a larger, deeper and richer context to the present. She evolves a model of SQ based on the six petals of the lotus and its centre, corresponding to the seven chakras described by Hinduism's Kundalini Yoga.

Can we identify, measure and improve on our SQ, and thereby effectively use our EQ and IQ? The Indian philosophical treatises, the upanishads`- attribute perception to mind, conception to the intellect and "illuminating" to the self. They speak of the ascent from Intellect (IQ) through meditation. Meditation is the route to the highest knowledge (illumination), when self- realisation, which is integration of inner self or spirit into cosmic spirit, occurs. For instance in the 'Sahaja Yoga' mode of self - realisation it is propounded that body is not the whole self. The vehicle of influence is the subtle body parallel to physical body wherein there are seven chakras, chief nerve centres; three tracks of nervous energy called Nadis, and latent energy coiled within called "Kundalini". When "Kundalini" rises from the base of the spine, it integrates the seven main chakras, and the subtle experience manifests itself in a flow of cool vibrations, which can be felt on the hands and also over the crown of the head like a cool breeze. It is through these vibrations we gain new awareness beyond 1hought, beyond emotions; with this subtle awakening we become sensitive to the state of our chakras and those of others.

This degree of sensitivity to the state of our chakras and those of others can be ; termed as SQ. Our EQ is enhanced with the rise of SQ as each chakra when cleaned with Kundalini energy enhances our ability to emote. For instance as per sahaja yoga, the first chakra enhances your ability to be " child like " the second enhances creativity or aesthetics the third inculcates feeling of satisfaction, the fourth helps you control anger, the fifth improves your communication skills so that you don't offend others, the sixth enables you to forgive, while as the seventh, the crown chakra allows you to integrate all these qualities so that the whole is greater than the sum of its parts.

> ***Wisdom adorns riches , and shadows poverty***
>
> Socrates

Basic Concepts Of Ecology

Prof. Savita Raina

Like other sciences . ecology too has its own principles and basic concepts, which are as follows:

STRUCTURAL BASIS

1) All living organisms and their environment are mutually reactive. affecting each other in various ways. Animal population, flora, and vegetation are interdependent through the environment and are mutually reactive.

(2) Environment, which is actually a complex of several interrelated factors and is much dynamic (i.e, varying with time and space), works as a sieve selecting organisms for growth from so many forms, as its one or the other factor becomes critical at stages of the life cycle of the species.

(3) The species put each effort to maintain its uniformity in structure, function, reproduction, growth and development by preservation of its genetic pool. However, species is also plastic and reacts to the varying environment to get itself adjusted structurally and physiologically in the changing environment. This is achieved by the degree of plasticity set by the genetic constitution of the species. The various forms of a species, in order to meet the challenge of changed environment, may arise by virtue of somatic plasticity, the ecads, or by the reorganisation of their genes during sexual reproduction, the ecotypes. Thus species may increase their capacity of tolerance towards changing environment by developing ecads and ecotypes.

(4) It is not only the environment which influences the life of organisms, but organisms too modify their environment as a result of their growth, dispersal, reproduction, death, decay etc. Thus, the environment is caused to change due to organism's , activities. The dynamic environment and organisms make ways for the development of different kinds of organisms through a process known as succession. The process continues till the development of a community which is now

more or less stable and is now adult to keep itself adjusted in equilibrium with the environment. This final stage of community is called a climax.

5) Clements and Shelford (1939), however, put forth a concept of biome wherein all plants and animals are related to each other by their co action and reaction on the environment. According to their view, under similar climatic conditions, there may simultaneously develop more than one communities, some reaching to climax stage, others under different stages of succession. This complex of several communities in any areas, represented by an assemblage of different kinds of plants, animals etc., Sharing a common climate, is called a biome.

In the above account, basic concepts of ecology have been explained mainly upon structural basis. However, with the introduction of ecosystem concept in ecology, functional aspects along with the structural ones are also to be strongly emphasized. Tansley (1935) thus emphasized the role of environment, with its various factors interacting with each other in his comprehensive term ecosystem which involves all the non-living and living factors working in a complex. With this new concept in modern ecology following are the basic concepts :-

Functional BASIS

1) When both, biotic and abiotic components are considered, the basic structural and functional units of nature are ecosystems. Discrete Biological units consist of population and communities, including biomes. Each population occupies a specific niche, a unique functional position with respect to other organisms with which it interacts with.

2) There exist varying degrees of positive , negative or even neutral interactions among organisms, at both inter and intraspecific levels, which determine along with abiotic parameters, the degree of success a particular population has within a given habitat. Population ecologists study interactions at population as well as community levels. They study competition, usually between population from the same trophic level (such as herbivores competing for the same grass i.e., Population ecology involving individuals of same species), and prey predator interactions between members of adjacent trophic levels (i.e. Population ecology involving interactions between individuals of different species, at community level).

3) Also there are involved energetic of ecosystem, as energy is the driving force of this system. The radiant energy is trapped by the autotrophic organisms (producers) and is transferred as organic molecules to the heterotrophic organisms (consumers). This energy flow is uni directional or non-cyclic.

4) The chemical components of the ecosystems move in defined biogeochemical cycles. Within the ecosphere, biological systems frequently

regulate the rate of movement of cycling of the chemicals. Role of water as the universal solvent for biological systems is much relevant here.

(5) Successful growth of the organism is governed by limiting factors. For success in growth and reproduction with a particular habitat, an organism requires various essential factors form its environment. The success of an organism is limited not only by deficiencies in substances or conditions but also by excesses. The minimal and maximal levels of tolerance for all ecological factors of a spices vary seasonally, geographically and according to the age of the population.

6) Under natural conditions, different kinds of population undergo succession. Ecosystems undergo an orderly process of change with time passing from a less complex to a more complex state. This process involves not only changes in species composition but also changes in the physical environment of a community. The terminal or stabilized state is known as the climax.

According to Evans (1956), The ecosystem Involves the circulation, transformation and accumulation of energy and matter through the medium of living things and their activities. Thus, the dynamic abiotic components of the environment and the assemblage of plants and animals there, as a result of interactions between themselves keep modifying and changing each other , and this leads to the development of ecosystem.

7) Then come the probabilities of disruption and exploitation of ecoshphere. As a result of natural condition or activities of man, species diversity of an ecosystem is reduced. It leads to a set-back to the state of development and reduction in the stability of the ecosystem, Man's exploitation of ecosystem is directed toward channeling productivity to his needs. Applied ecology or human ecology is the use of ecological concepts to describe human activities and determination of ways in which people can best obtain their needs from ecosystems. Ecosystems which are substantially altered by human activities are called managed, whereas those free from such disturbances are referred to as natural.

> ***Much reading is like much eating - wholly useless without digestion***
>
> South

A Book Abstract

Prof. Ravi Koul

[The following book abstract of "Who Has Moved My Cheese" by Spencer Johnson is prepared by Sh. Ravi Koul who feels that some hidden but very relevant lesson can be drawn by the reader after he goes through it.]

The Story

Once upon a time, in a land far away from here, four little characters lived happily in a kind and friendly environment. Two were mice named "Sniff' and "Scurry" and two were little people - small like mice but resembled a lot of people of today. They were called "Hem" and "Haw". Sniff and Scurry with only simple rodent brains searched for hard nibbling cheese in the maze to satisfy their appetite everyday.

Hem and Haw used their brains filled with many beliefs to search for a different kind of cheese with a capital C. The maze was a labyrinth of Corridors Chambers some containing delicious cheese and blind alleys leading nowhere. Sniff and Scurry used

The Story

trial and error method of locating their daily quota of cheese. However, Hem and Haw relied upon their ability to think and past experiences to locate cheese in a more organised and efficient manner, though sometime they got confused by their beliefs and emotions.

It wasn't long before all of them established their own individual routine.

They had no idea where the cheese came from. They simply assumed that it would always be their. The little people felt happy and comfortable and produced arguments that cheese would last forever. Sniff and Scurry being unintelligible, could not understand this logic.

Jammu-Kashmir Digital Preservation Foundation,Chandigarh

It wasn't long before Hem and Haw regarded the cheese they found at station C as their cheese. Steadily they built a social life around it.

"We deserve this cheese" Hem said. "We certainly had to work long and hard enough to find it."

Every night the little people would waddle home, full of cheese, and every morning they would confidently return for more.

This went on for quite some time. After a while Hem's and Haw's confidence grew into arrogance.

One morning they arrived at cheese station C and discovered that their was no cheese.

Mice did not over analyse things. To the mice, the problem and the answer were both simple. The situation at cheese station C had changed. So Sniff and Scurry decided to change. They were quickly off in search of new cheese.

Hem and Haw were unprepared for what they found "What !No cheese?" No cheese?' As though if he shouted loud enough, someone would put it back.

"Who moved my cheese?" He howled. Finally, he put his hands on his hip face turned red and he screamed at the top of his voice, "It's not fair."

The little people's behaviour was not very attractive or productive but it was understandable

The two spent a long time looking around station C to see if the cheese was really gone.

They ranted and raved at the injustice of all. How could this have happened. No one had warned them. It was'nt right. It was not the way things were supposed to be Sometimes the things change and they are never the same again. It was difficult for our little people to accept this truth.

As time passed, their frustrations grew with hunger and sense of betrayal. Ha however, realised the futility of inaction afte sometime. He thought "Better late than never". He had no answer for Hem's query " Who moved my cheese." Infact even an answer to this query would not return cheese for Hem.

Haw tried his best to explain things to Hem but failed since now Hem had little else on mind than who moved his cheese. Sadly the two parted company.

Haw found a new cheese station and lived happily thereafter. Hem, we heard later, died of starvation and shock of being cheated. His end came with the words "Who has moved my cheese?"

It was a mistake to think that Indians could be educated by implanting a foreign system and destroying indigenous culture.

Dr. K.L Shrimali

A Study Of Mental Health At Different Levels Of Manifest Anxiety, Socio - Economic Status And Sex

Dr. Aruna Suri
Dr. Neelam Dhar

The present study was undertaken with the view to see the effect of manifest anxiety, socio-economic status and sex on mental health. 1500 adolescents (750 male and 750 female) were classified into two groups having high and low manifest anxiety. Computations were done by applying three-way analysis of variance which revealed that students possessing low manifest anxiety are mentally healthy and they are also found to be secure, rated less on neurotic behaviour. They are non depressive, low on anxiety, frustration and they are also not suffering due to any inferiority complex and hence seem to be adjusted to any of the situation; whereas male and female students belonging to high and low socioeconomic status do not differ significantly from each other on the dependent variable i e mental health.

INTRODUCTION

Modern education and its concept, gradually evolved through researches which lay stress among other things on personality dynamics that is the extent to which a person is well balanced and adjusted to his environment and has to face different kinds of problems in his day to day life, to a great extent, depends upon the mental health, ability and the organisation of one's personality structure. Mental health is very essential in every walk of life. If the man is not mentally healthy he is really a parasite and dependent for the whole society. So it is very much desirable that every individual must possess a sound mental health.

Many studies have proved that a person who is mentally healthy always maintains equilibrium with self and the environment. A mentally healthy individual shows balanced behaviours and faces the realities of life boldly For him world is worth living and shows sufficient amount of will to live. He soon recovers himself in adverse situation. Mental health is the ability or quality of adjustment of the individual with his environment and by means of it the individual's adjustment to his environment is maintained in-tact. Just as the physical health is a condition of the body, mental health is a condition of the mind, and like physical health, mental health is also an essential ingredient of a well developed and well balanced and adjusted personality.

In the modern age mental health planning is a big business as we are now finding ourselves in the age of anxiety. It is an undeniable fact that one of the major functions of our educational institutions is to develop the wholesome, balanced and integrated personality of our younger generation. Mental health is a pre-condition for wholesome and balanced personality.

Moreover, a person with stress, strain and anxiety is also affected biologically, sociologically and psychologically. A person who remains in the state of anxiety is obviously in the grip of psychosomatic ailments. He is not maintaining balance with the self and in the environment he is putting up. His mental health may be deteriorated and ruined because of remaining in the state of anxiety. So for the investigator it becomes a very humble attempt to study the effect of anxiety on the health of the individuals. Keeping in view the objective of the present study, the investigator tries to see the effect of anxiety, socio-economic status and sex on the mental health of individuals.

OBJECTIVES

The objectives of the present study were:

1) To study the differences in the scores of mental health between the students possessing high and low manifest anxiety belonging to different levels of socio-economic status and sex.

2) To study the nature of interaction between manifest anxiety and socio-economic status, manifest aniexty and sex, socio- economic status and sex, when mental health was taken as the dependant variable.

SAMPLE

The sample constituted 1500 students (750 male & 750 female) of class 9th & class 10th of 15+ age group studying in high and higher secondary schools of Jammu Province.

Tools Used

In order to measure manifest anxiety, Prof. D.N. Srivastva and Dr. Govind Tiwari's Manifest Anxiety scale was used which comprised 100 'yes' 'No' type of items on the following areas :

1) Psychological manifestation **2)** Ambitions **3)** Future **4)** Family **5)** Relations **6)** Ambition **7)** Friendship **8)** Love **9)** Health **10)** Virtue **11)** Shame & guilty.

Hari Parkash Magotra's Mental Health Inventory was used to see the effect of independent variables on dependent variable i.e. Mental Health.

STATISTICAL TECHNIQUES USED

P_{75} and P_{25} were computed for dischotomising students into two categories viz. Students possesing high manifest anxiety and students possesing low manifest anxiety. P_{75} and P_{25} for demarcation of students having high and low socio-economic status. Three way analysis of variance was use for the analysis of data. Results obtained are interpreted in the table 1 and 2.

MEANS OF DIFFERENT GROUPS ON MENTAL HEALTH

	HIGH MANIFEST ANXIETY (A 1)	LOW MANIFEST ANXIETY (A 2)	HIGH SES (B 1)	LOW SES (B 2)	MALE (C 1)	FEMALE (C 2)
Mean Value	7.68	6.73	7.2	7.2	7.2	7.2

TABLE - 1

Summary Of Complete Analysis Of Variance For The 2 x 2 x 2 Factorial Experiment

	SOURCE OF VARIATION	SUM OF SQUARES	df	MEAN SQUARE	F - RATIO
A	M.Anxiety	3551.10	1	3551.10	19.70 **
B	SES	446.50	1	446.50	2.49
C	Sex	30.03	1	30.03	0.17
A x B	MA x SES	382.81	1	382.81	2.13
A x C	MA x Sex	959.11	1	959.11	5.34 *
B x C	SES x Sex	262.81	1	262.81	1.46
A x B x C	MA x SES x Sex	32.54	1	32.54	0.18
Error		12921.50	72	179.4	
TOTAL		18586.40	79		

** Significant at .01 level

* Significant at .05 level

TABLE - 2

RESULTS AND DISCUSSIONS

The 'F' value for the main effect 'A' (Manifest anxiety) came to be highly significant at.01 level of confidence. So it is interpreted that students possessing high and low mainifest anxiety differ significantly from each other on the dependent variable i.e mental health. Further, it has been derived from the table I that mean values of the students possessing high manifest anxiety is less in comparison to students possessing low manifest anxiety; thereby, indicating that the students possessing low manifest anxiety are mentally healthy and they are also found to be secure, rated less on neurotic behaviour. They seem to be stable and can make balance in any situation which they can face; whereas, their counterparts i.e. Students possessing high anxiety are insecure, having psychological! neurotic behaviour. They remain in the grip~ of depression, anxiety and frustration. They mostly suffer with inferiority complexes and never get adjusted in the environment and may remian low on the various adjustment factors viz. social, emotional, mental, physical and home adjustment. It is a universal truth and based on the studies conducted abroad in this field are in line with the result found by investigator. It is natural that an individual who is in the grip of anxiety can never be stable, adjustable and secure. He is always in the state of fantasy and can never maintain sability in his day to day life Dangar (1982) also obtained similar results and thus supported the findings of the present investigation in this trait and showed that neurotism and extroversion and neuroticism and psychotism had negligible positive relationship between anxiety & neuroticism and between psychoticism and anxiety. Again, it has been found that 'F' value for the main effect 'B` (Socio-economic status) and 'C' (Sex) came out to be insignificant. Hence, it is interpreted that students (boys and girls) coming from high and low SES do not differ significantly from each,other so far as their mental health is concerned. They have equal chance of being mentally healthy or unhealthy.

Besides, the double interactional effect 'AxB' (Manifest anxiety and socio econonic status) and 'BxC' (Socioeconomic status and sex) also came out to be insignificant. Hence, it can be safely interpreted that when manifest anxiety and socio-economic status as well as socioeconomic status and sex taken jointly they do not effect on dependent variable i.e. 'Mental health'.

Again, it has been found that 'F' value for the double interactional effect 'AxC' (Anxiety and Sex) came out to be significant at .05 level of confidence. Hence, it is interpreted that manifest anxiety and sex when taken together, they do effect on dependent variable i.e. 'Mental health' or components under mental health like security, insecurity, neurotic behaviour, depression, anxiety, frustration, inferiority and adjustment.

Further, the 'F' value for the triple interactional effect "'A x B x C" (Manifest anxiety, Socio-economic status and Sex) came out insignificant. Hence, it is interpreted that when these three variables are taken together, they do not effect on dependent variable i.e. 'Mental Health'.

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Precious Gift

Narayan Singh Thakur (Student)

Suppose that there was a bank that credits your account each morning with 86,400. It carries over no balance from day to day. Every evening it deletes whatever part of the balance you failed to use during the day.

WHAT WOULD YOU DO? DRAW OUT EVERY CENT?

OF COURSE !!

WELL EACH OF US HAS SUCH A BANK. IT'S NAME IS "TIME"

READ ON CAREFULLY.

Every morning it credits you with 86,400 seconds.
Every night it writes off, as lost, whatever of this you fail to invest to good purpose.
It carries over no balance.
Each day it opens a new account for you.
Each night it burns the remains of the day.
If you fail to use the day's deposits, the loss is yours.
There is no going back.
There is no drawing against the "Tomorrow".
You must live in the present on today's deposits. Invest it so as to get from it the utmost in Health, Happiness and Success.

The clock is running. Make the most of today.

To realize the value of **ONE YEAR**, ask a student who failed a grade.

To realize the value of **ONE MONTH**, ask a mother who gave a birth to premature baby.

To realize the value of **ONE WEEK**, ask the editor of weekly publication.

To realize the value of **ONE DAY** , ask the candidate who fails to deposit his form on last date.

To realize the value of **ONE HOUR**, ask lovers who are waiting to meet.

To realize the value of **ONE MINUTE**, ask the person who missed the bus or train.

To realize the value of **ONE SECOND**, ask the person who just avoids an accident.

To realize the value of **ONE MILLISECOND**, ask the person who won a silver medal in the Olympics.

Treasure every moment that you live. Treasure it more because you shared it with someone special, special enough to spend your time with. Because these moments you smile encourage you to succeed.

Please remember that time waits for none

"Yesterday" is History.
"Tomorrow" is mystery.
"Today" is a gift.
That is why it is called"Present".

Narayan Singh Thakur
Roll No. 52.
Section - A
Kullu (H.P.)

Don't Lose Your Temper

Ashok Kumar Dogra (Student)

To be a leader you will have to win people to your way of thinking. You have to motivate others to Co-operate with you ; you have to make friends and avoid creating enemies. Only those who are emotional and exciting lose their temper easily and instantly. A short tempered person will prove to be a highly irritated and difficult to get along with. Such a person will never get the willing and whole hearted co-operation of the people. With sullenness you make a large number of enemies because of your sharp and uncontrolled temper and at every, turn you will find these enemies seriously impeding your success.

When you get emotional and lose your temper, your reason and logic will take a back seat you are tempted to say things which you really do not mean. You are prone to overtake or exaggerate. You may blurt out a lot of things which you know you should not disclose. A man in the grip of temper invariably loses his self control. Your ill temper only leads to criticism and heated arguments.

If an individual heat is burning with hatred, filled to the brim with ill feeling and rankling he or she could never be persuaded to agree with the logic and reasoning in the world. Angry husbands, nagging wives, scolding teachers agitating students complaining workers and domineering bosses should realise that their unfriendly and hostile attitude will never make their opponents change their views of shift their stand. When you feel like telling someone a thing or two check yourself. When you feel your wife, children, parents, friends, teachers and colleagues have not done as they should have done ; don't blow off head instantly on the spot ; exercise, patience, relax and smile. Try to understand why others have behaved in the way they have put yourself in their shoes and ponder. You will learn what had induced them to act in that way. You will at once know how could make them act in the way you want them to act A smile, a friendly approach with patience and no room for temper will ensure you co-operation and success.

Ashok Kumar Dogra
Roll No. 32.

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Need For Examination Reform

Kuldip Thakur (Student)

The main purpose of education is to help the students develop to the best of their ability and find a suitable and satisfying vocation. Examinations are primarily a means of judging how far that purpose has been served, thus it occupies a very important place in any system of education.

We inherited the system of examination from the pioneers of western education in the country. Though there has never been any dearth of people who criticize it, yet no suitable alternative has been developed, and with all its failings, it went working smoothly for more than a century. But the rapid increase in the number of candidates sitting for various examinations year after year has magnified and brought to light the defects inherent in it. When the examination season is on, newspapers almost daily carry stories of indiscipline and violence indulged in by students at examination centres.

The most valid point against the prevailing examination system is that, it is hardly possible for examiner to judge more than a year's work of student in a few minutes. It is also wrong that the fate of candidate should be decided in an all comprehensive examination extending over a fortnight. Examination at present are the best test for memory only and there is a technique of making the grade in them. Those who have mastered that technique secure good marks, even without preparation or deep knowledge.

If it is to be a real test of an individual qualities of head and heart, an examination must be a test of his ability to think creatively, comprehend quickly, judge accurately and express clearly but our examination have an entirely different orientation. They are mostly crude essay memory tests. There is in them a premium on parrot like memorisation at the cost of reason and intelligence. Even in the higher examination it is subject centred rote - learning which counts.

The mischief does not end there. After the candidate has answered the question papers, he is at the mercy of the examiner. Different examiners evaluating the same answer books have been assessments varying with each other to a surprising degree.

Seeing this educationists have been feeling the need for reforming the system of examinations to turn them into more realistic tests of students work and performance. Examination reform is linked with reformation of the educational system as a whole. It can be effectively undertaken only after curricula and the methods of teaching have been suitably improved to make them serve the real purpose of education.

Kuldip Thakur
Roll No. 42.

Knowledge Kit

Prof. : Shyam Piarey Tickoo

WILD ANIMALS

1. Pit viper snakes have special sensory pits on their heads which can pinpoint heat. This lets them track warm blooded prey such as mice in the pitch darkness.
2. A click bettle can jump 30 cm. Into the air !
3. The hanging parrots of south east Asia get their name because they sleep upside down like bats.
4. Most poisonous insects are brightly coloured to warm potential enemies off !
5. When America spiny lobster's migrate, they cling to each other's tails in a long line, marching for hundreds of kilometers along the sea bed.
6. A grasshopper's singing is called stridulation.
7. If you count the number of chirrups a Showy Tree Cricket gives in 15 seconds, then add 40 you get the temperature in degree Fahrenheit !
8. Butterflies can only fly if their wing muscles are warm !
9. A Shark's main weapons are its teeth they are powerful enough to bite through steel plate.
10. Tigers make out their Territory by scratching trees and urinating on them.

Fun With Figures

Gurvinder Singh (Student)

A) Imagine a number and double it then add 14 to it. Divide it by 2 and subtract your initial number from your quotient. Your answer will be 7 in each case.

EXAMPLE :

Let the number be 15
Double of 15 is 30
30 + 14 = 44
44 / 2 = 22
22 - 15 = 7

IMAGINE #, TRY YOURSELF AND THANKS TO ME

B) Magic Of 37

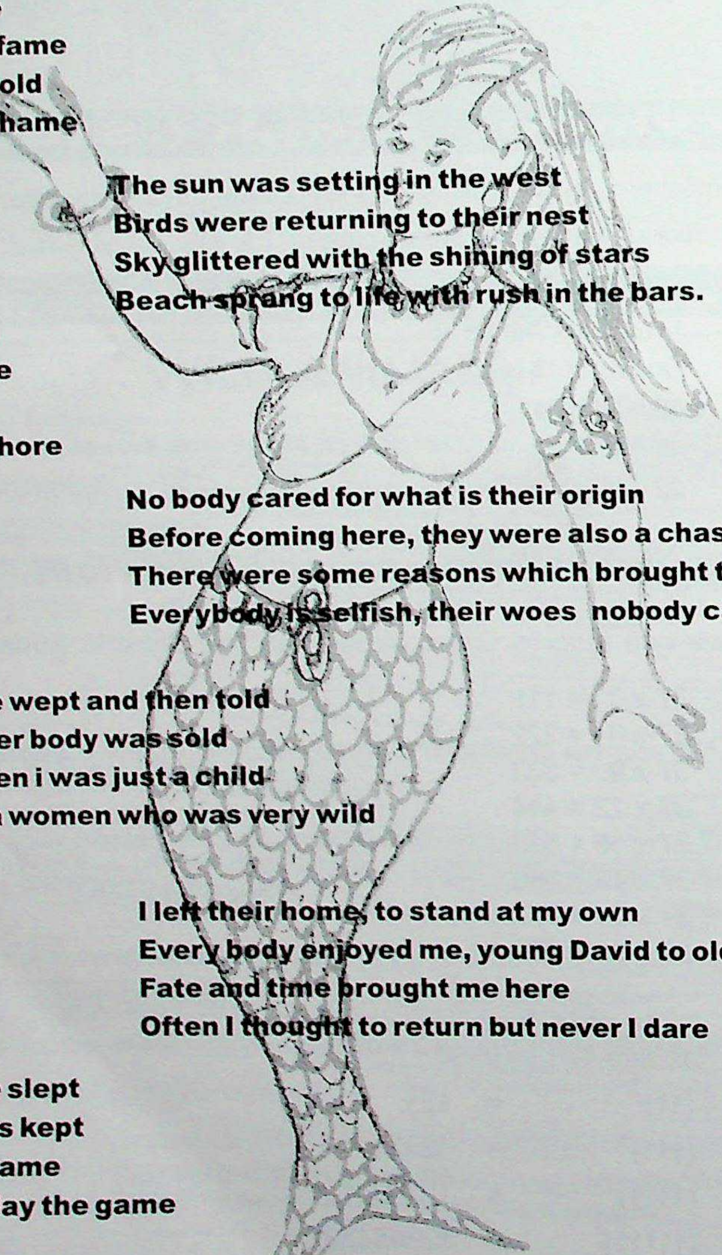
37 x 3 = 111
37 x 6 = 222
37 x 9 = 333
37 x 12 = 444
37 x 15 = 555
37 x 18 = 666
37 x 21 = 777
37 x 24 = 888

C)

$1^2 = 1$
$(11)^2 = 121$
$(111)^2 = 12321$
$(1111)^2 = 1234321$
$(11111)^2 = 123454321$
$(111111)^2 = 12345654321$
$(1111111)^2 = 1234567654321$
$(11111111)^2 = 123456787654321$

Visit To A Beach Of ILL Fame

Sanjeev (B.ED. Student)



Fire of lust forced me
To visit a beach of ill fame
Where bodies were sold
Without having any shame

The sun was setting in the west
Birds were returning to their nest
Sky glittered with the shining of stars
Beach sprang to life with rush in the bars.

I gazed at the waves
Dancing on the shore
On road they stood
People call whom whore

No body cared for what is their origin
Before coming here, they were also a chaste virgin
There were some reasons which brought them here
Everybody is selfish, their woes nobody care

I embraced her, she wept and then told
How for first time her body was sold
My mother died when i was just a child
My father brought a women who was very wild

I left their home, to stand at my own
Every body enjoyed me, young David to old John
Fate and time brought me here
Often I thought to return but never I dare

With many men I've slept
My promise I always kept
Everyone to me is same
Pay the price and play the game

To earn my bread
My own body I sold
There are people
Selling nation for gold

INCLUSIVE EDUCATION

Essential Aids And Appliances For Children With Disabilities

Prof. Arti Durani

Inclusive Education promotes the concept of an inclusive society, where people of different races, religions aspirations, trade disabilities participate and contribute to the society. In inclusive education the education of disabled is considered to be an integral part of general education and a commensurate portion of the education for the disabled children should be included in the general education curriculum.

Inclusive Education implies synchronisation of the educational needs of the normal children and the educational requirements of the children with special needs, so as to evolve a common curriculum with a view to provide education to all in regular schools itself. It is flexible and individualised support system for children and young people with special educational needs. It provides an integral component of the overall education system and is provided in regular schools committed in an appropriate education for all. The basic idea behind inclusive education is to have the disabled and non-disabled children studying together in regular schools, so as to enable all to participate together in the society from the very beginning. Provision of such form of education inculcates a feeling of confidence in the minds of disabled children and provides them an access to the formal system of education.

Non - adaptability to the previous educational structure to the specific requirements of the physically challenged has led to their exclusion from the regular education system. Even the establishment of the special schools for the disabled has not yielded a lasting solution to the educational problem being faced by them. As such schools are few in number and moreover, they fail to integrate these children in social mainstream. It is therefore being unanimously agreed that the principle of inclusive education is the only way to realise the noble goal **"EDUCATION FOR ALL".**

Importance Of Inclusive Education In The Indian Context

Education is viewed to be the basis of development of an individual. For empowering the children with disabilities, it is very important that members of the society understand the importance of integrating the children with disabilities in the normal school. Inclusive education is, therefore, a prime breakthrough and a major change in the traditional line of thinking, plotting the special children as equal partners and integrating them in the mainstream schooling. Inclusive education will enable the children to be self-reliant and self-supporting individuals, contributing in their own way in the advancement of society.

NPE (1986) has focussed on the need to equalise education for all children, including special children with impairments. This would attach prime importance to the general system of education requiring children with disabilities to be included in the mainstream schools. Experience and research shows that education in special and segregated school do not actually support in the all round development of the individual.

Govt. Of India through various schemes and programme has been making special efforts in assuring the enrolment of the children and youth with disabilities in the regular school system to the extent possible. The Govt. has attached a lot of attention in bringing the children with disabilities in the arena of education in order to achieve the goal of education for all. The primary objective to include the handicapped in the general community at all levels as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence. The central Govt. Schemes such as Integrated Education for disabled children (IEDC), District Primary Education Programme (DPED) and the Sarva Shiksha Abhiyan contain provisions for supporting the education of such children.

Inclusive Education injected in the society would ultimately bring more disabled children into the fold of general education and this integration would ultimately be more socially oriented, resulting in the retention of potential deep out children. In general, the role of community is being emphasized, first by initiating steps to send the children with impairment to general schools and secondly by extending continuous support to the schools and teachers extending inclusive education.

Sangamnigam Di l Preservation Foun ion Chandigarh

Status Of Inclusive Education For Children With Impairments :

Presently when the general education system is aiming at "Education for all" education for the disabled could actually spread to about 10% of the total population. Inclusive Education in our country is an emerging concept, with the positive outlook for wide coverage of society. The district primary education programme of Ministry of Human Resource Development, Govt. Of India, is a step forward in the implementation of inclusive education in the village, block and district levels. In the rural areas as the disabled child has to depend on the general education system, inclusive education in general schools is definitely explicit approach. It has also been observed that since mild and moderate cases of disability are more in number their inclusion in general stream would reduce the risk of school drop out children.

Inclusion aims at inculcating better education practices in the general school system, with addresses the needs of all children. The rights 0f children such as right to education, right to equal opportunity and to learn along with peers is also taken care of in inclusive education. The matter of providing services for the children with disabilities is considered as development of human resource with the introduction of the persons with disabilities. Act, 1995 ; Services for children with disabilities are no longer considered a welfare activity but treated as the right of disabled child. The PWD Act defines the responsibilities of the government with regard to services for the disabled persons. As per the Act, every child with disability will have access to free and concrete education till the age of eighteen years.

The PWD Act covers seven disability conditions i.e. Blindness, low vision, leprosy, hearing impairment, locomotor disability, mental illness and the mental retardation. The Act also concentrates on the workable study pattern of non-formal education, functional literary schemes, provision of aids and appliances, presence and expansion of education through open schools, rehabilitation institutes and universities. Several schemes based on the coverage of the act have been developed for the welfare of the handicapped individual and are satisfactorily being implemented.

Major Thrust Area-provision Of Essential Aid And Appliances

Under destruct primary education programme, one of the pilot projects Govt. Of India, identification of the children with disabilities are being carried out by organising door to door and school surveys. This will assist in deciphering the actual fact and figures, ultimately facilitating in achieving the goal education for all. Now, on being identified it is essential that along with the process of inclusion in the general school, the children should also be provided the essential aids and appliances for facilitating the process of inclusion and integration. Provisions of orthopaedic aids are of utmost importance for the inclusion of majority locomotor impaired children.

Out of estimated 40 million children identified under District Primary education programme, if it is assumed that 5% of the children are having mild to moderate disability, Then about 2 million children would be children with some sort of impairment. But as per the available data for the year 2000 only 6.28% of the children with impairment have been provided with aids and appliances. This perhaps, may be attributed to lack of convergence with agencies associated with the actual provision of aids and appliances. Artificial limbs manufacturing co-operation of India, working under the administrative control of Ministry of Social Justice and Empowerment, Govt. Of India have been associated with the DPED projects for conducting assessment and identification camps followed by provision of aids and appliances to the disabled children. Without the provision of aids and appliances the actual inclusion or integration of the children in the general stream would be an uphill task. With the provision of supportive aids, families of the impaired children should initiate the process of sending the children to school and thereafter community as a whole should support the school, teacher and most important the impaired children.

It is really important for all the members of the society to consider that the medical and therapeutic rehabilitation of the child needs to be the elements of the educational inputs of the child. Many of the children will require aids and appliances such as braces, crutches, walkers, peosethetic and orthotic accessories, it would be of more use if the same is provided on time and the core members of the family are provided some training for using these aids. It is also important that the aids and appliances be readily available for the children from poor homes to use them regularly.

Outcome Of The Inclusive Education Programme

For the effective implementations of inclusive education for all types of disabled children, general classroom teachers need to be trained on the educational needs of the impaired children, special needs with the disability specific assertive devices are made available. Since inclusive education is community based programme, its implementation depends upon the extent of interaction with the general community. District rehabilitation institutes / corporations, special schools are to be closely involved in the programme implementation.

Success of inclusive schools depends on the concerted effort, not only by teachers and school staff, but also by peers, parents, volunteers. It demands a complete reorientation of the previous educational structure through provision of specialized support system such as supply of special teaching aids and materials, provision of in service training to upgrade teachers knowledge and skills, modifications and adaptation to the physical environment, the curriculum to suit the requirements of the disabled and provision of aids and appliances. It is worth that a total of 107 District centres for rehabilitation of person with disabilities have been established throughout the country by the Govt. Of India, Ministry of social justice and empowerment. These centres will go a long way in meeting the rehabilitation needs by way of provision of aids and appliances to such children.

The inclusive education programme would ultimately increase the enrolment of disabled children in both the rural and the turban areas. Inclusive education is therefore a step ahead in trying to fulfil the goal of enrolment for all.

With inclusive education the retention rate of disabled children would be on the higher side and the society would benefit in the long run.

Inclusive education programme will have a positive impact on the awareness of the community and more disabled children would be working and contributing towards the growth of the society. There would be more interaction between the disabled children and the non-disabled children which contributes to both binding and building the society.

This inclusive education is based on human rights and democratic principles confronting all forms of discrimination and aims to develop an inclusive society, Which caters to the requirements of all its individuals.

To conclude Dr. M.N.G. Manis views for contributing to our society, “one, enlarge the social consciousness to include the disabled into the mainstream in as many activities possible ; second, and more satisfying, to break the inner shell of the disabled to include the beautiful and wonderful world outside erasing as much as possible their feeling of insufficiency or limitedness, or of being different.

Socio-Economic Characteristics Of Kashmiri Migrants

Prof. S.K.Talashi

The write up in an abstract made from dissertation submitted to university of Kashmir, at Jammu in partial fulfilment of the requirements for the Degree of Master of Geography in year 1997-1998.

The Objectives of Given Study were:

1. To analyse the variations in population among Kashmiri Migrants.
2. To analyse their Socio - economic environment.
3. To analyse change caused in their physio - socio environment.

The data regarding this socio - economic survey has been collected through house to house survey in migrant camp Muthi Phase - II. Different households were visited with questionnaires which covered different aspects were used for this study.

On the basis of research the investigator noticed the following changes among displaced people from Kashmir Valley.

I – CHANGE IN PHYSIO – SOCIO ENVIRONMENT

There exists a great change in life style of Kashmiri migrants. The physical factors play a dominent role in their lives. These pandits having experience of severe winter and cool summer seasons, are now subjected to tropical climate of Jammu. In valley they have experienced a temp. Of 25 °c even in summer, are now living in a region where the summer temp. rises upto 46°c. This climatic change has brought a great change in health conditions of migrants. The migrants have become the victims of sun strokes and snake bites. It is due to this climatic change that their health conditions deteriorited. This migration has not only made these migrants physically weak but also has lowered their socio & economic status. In valley majority of this community were landlords and had their own orchards, agricultural lands, houses. Due to militancy they have lost their property and their business have also suffered a major set back. In valley these migrants had two to three storyed houses are now living in single rented room or in those rooms which have been provided to them by Govt, without any proper sanitation and ventilation. These living conditions have caused serious psychological and health problems. The single room type of accommodation has resulted in the :

I) Disintegration of joint families.

II) Low birth rate.

III) Physiological and neurological disorders.

The following tables shows the number of deaths occured in the migrant camps from 1990 - 1997 :

S.No	CAUSES OF DEATH	No. OF DEATH
1.	Sun Stroke	07
2.	Heart Attack	16
3.	Cancer	03
4.	Chest Disease	03
5.	Asthma	03
6.	Neurological disorder	05
7.	Accident / Jaundice	12
8.	Normal	21
	Total	**70**

For above table we reveal that Sunstroke which has claimed 07 deaths is due to change of climate. It is clear that these people have no experience of adopting to hot climate of plains & as a result of which heart attack, cancer, chest disease, asthma and other diseases are on an increase among displaced people.

The miserable health conditions observed in Muthi camp, where 1480 people reside provides us a base to conceive the conditions of migrants living in other camps of Jammu city.

Regarding food items, the consumption of meat, vegetables and milk has decreased considerably, **the reasons are :**

I) Businessmen of valley have no source of income here except some cash assistance provided to them by the Government.

II) The salary paid to the Govt. Employees is not sufficient to cater to their unexpected needs and demands.

The following **two tables** show monthly consumption & expenditure of different food items :

CONSUMPTION OF FOOD BEFORE MIGRATION

S.No	ITEM	CONSUMPTION (In Kg per head)	Exp.(In Rs.)
1.	Rice	15	90
2.	Wheat	05	15
3.	Milk	15	75
4.	Meat	02	80
5.	Pulses	01	15
6.	Vegetables	10	50

CONSUMPTION OF FOOD AFTER MIGRATION

S.No	ITEM	CONSUMPTION (In Kg per head)	Exp.(In Rs.)
1.	Rice	12	120
2.	Wheat	10	60
3.	Milk	08	80
4.	Meat	01	80
5.	Pulses	01	25
6.	Vegetables	08	75

The climate conditions of Jammu also do not favour to take meat & rice in large quantity especially in summer and monsoon seasons.

The Consumption of wheat has increased after migration because these people have started taking chappatis once in a day.

These people were not dependent on coolers, fans, refregerators while being in valley. In Jammu they were compelled to buy these things which consequently lowered their economic conditions.

Due to this climate change a Kashmiri old woman has lost her traditional "pheran" which was her identity. Here she prefers a Sari or a gown which was not her traditional dress.

ECONOMIC ATTRIBUTE

In valley a number of people were engaged in agricultural activities and this was their main source of income. After migration this activity has been totally absent which is evident from the fact that only 01 person out of 1480 is engaged in primary activity. These people have changed their occupation after migration and now are engaged in secondary activities.

EDUCATION

The largest portion of working population of Kashmiri migrants comes in teritiary sector. The reason is that community is traditionally educated society. They give more preference to education right from very early age.

The camp where facilities for good education do not exist anywhere but still it has maintained a good educational level. Out of 1363 of total eligibles, 1255 persons are literate giving general literacy rate of 92.07%

Above all these pandits are not happy in their new environment but always striving to live a respectable life and breath in free air.

By

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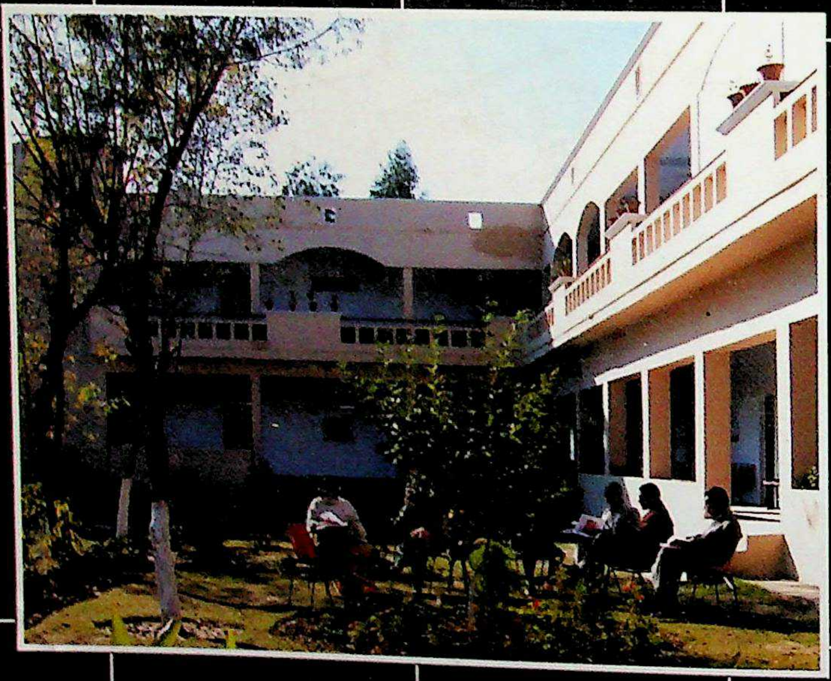

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